DIPHENHYDRAMINE (Benadryl®)

Classification: Antihistamine

Actions:

Reverses histamine induced bronchospasm, vasodilation, and increased capillary membrane permeability.
Relaxes smooth muscle.
Binds to the histamine receptor sites, thus suppressing the allergic reaction.
Has an associated sedative effect.

Indications:

Anaphylaxis
Acute allergic reaction
Extrapyramidal/dystonic reactions due to phenothiazines

Contraindications:

1. Narrow angle glaucoma
2. Pregnancy
3. Acute asthma

Adverse Effects:

Cardiovascular	Neurological
Hypotension	Drowsiness/confusion
Palpitations	Decreased coordination
Tachycardia	Blurred vision

Gastrointestinal	Other
Dry mouth	Urinary retention

Respiratory
Mucous plugs

Administration:

ADULT DOSE
50 mg slow IVP/IM.

PEDIATRIC DOSE
2 mg/kg slow IVP/IM, not to exceed 50 mg.

Onset: 15-30 minutes

Duration: 4-8 hours

DIPHENHYDRAMINE (Benadryl®)—continued

Notes:

- Closely monitor blood pressure and cardiac status before and after administration of Diphenhydramine. Reassess respiratory status and lung sounds after administration.

- Histamines are found in nearly all tissues of the body and are released after skin damage or inflammation. Histamines cause vasodilation and contraction of smooth muscle, which may induce severe hypotension.

- Histamine release can lead to increased capillary permeability and leaking. The intravascular fluid leaks through dilated capillary pores and may result in pulmonary or laryngeal edema. This leaking fluid also leads to edema of the skin (hives/uticaria). Diphenhydramine works by blocking further release of histamines.

- Dystonic reaction signs and symptoms include eye deviation, head jerking, dysphasia, involuntary arm/leg twitching and hypotension.