

CH. 21 SEDATIVE & HYPNOTICS

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REMEMBER...SLEEP IS ESSENTIAL FOR HEALING

- It is important to help patients get sleep and rest
- Medications- used to promote sleep
 - Sedatives
 - Hypnotics

SEDATIVE VERSUS HYPNOTIC

Sedative

- Relaxing, calming effect
- Given during daytime
- Usually do not produce sleep



Hypnotic

- Induces sleep
- Given at night
- Usually does produce sleep

Sedatives and Hypnotics-2 Classes

Barbiturates

- Used more in past
- Treat insomnia & anxiety
- Side effects more severe than non-barbiturates



Non-barbiturates

- Used more now
- Treat insomnia & anxiety
- Side effects are less severe than barbiturates
- Classified into 2 Groups
 - Benzodiazepines
 - Non-Benzodiazepines

BARBITURATES (ACTION)

- Central nervous system (CNS) depression and mood alterations
 - Mild sedation, sleep, deep coma
- **IMPORTANT** Barbiturates are **Respiratory Depressants**
 - Depends on dose taken
 - Long half life (stays in body long time)
- Discontinuing after prolong use-
 - may result in **severe or fatal withdrawal** symptoms



NON-BARBITURATES (ACTION)

- Central nervous system (CNS) depression
- **Has less effect on respiratory rate...but still can affect**
- Effects diminish after 2 weeks
- Addictive potential is **less than barbiturates**
- Discontinuing after **prolong** use- may result in **severe or fatal withdrawal** symptoms



SEDATIVES & HYPNOTICS-USES

- **Treating:**
 - Insomnia
 - Convulsions or seizures
 - Preoperative sedation
 - Conscious sedation



SEDATIVES AND HYPNOTICS FOR INSOMNIA

- Insomnia affects 30-50% of U.S. population (40 million people)
- Causes may include:
 - Medical
 - Behavioral
 - Psychiatric problem
 - **Hospitalization**

SEDATIVES & HYPNOTICS-ADVERSE REACTIONS

- **Neuro:** dizziness, drowsiness, and headache
- **GI:** nausea

Gerontology:

- **At risk for:**
 - Over-sedation
 - Confusion
 - Ataxia (unsteady gait)
 - Paradoxical reaction (opposite effect)
- May require smaller dose
- **Sedatives** may act like a **hypnotic**



CONTRAINDICATIONS

- Hypersensitivity to sedatives or hypnotics
- Comatose
- **Severe respiratory problems**
- History of drug & alcohol abuse
- Pregnant or lactating women-infant can be delivered with withdrawal symptoms
- (Category D)



SEDATIVE & HYPNOTICS: PRECAUTIONS

- **Use cautiously in:**
 - Lactating patients
 - Clients with hepatic or renal impairment
 - Clients with habitual alcohol use
 - Clients with mental health problems
 - Clients with respiratory problems
 - Client with one or more vital signs varying from baseline



BARBITURATES

Pentobarbital-(Nembutal)

- Sedative or hypnotic

Secobarbital-(Seconal)

- Hypnotic or preoperative sedation

BOTH:

Adverse reactions:

- Respiratory depression
- Nausea/vomiting
- Constipation
- Diarrhea
- Bradycardia
- Hypotension
- Syncope
- Headache

Category D

There is positive evidence of risk to fetus
Benefit may outweigh the risk

Plan for 7-8 hours of sleep

NON-BARBITURATE- BENZODIAZEPINES

Temazepam (Restoril)

- Hypnotic

Triazolam (Halcion)

- Sedative or hypnotic

BOTH:

Adverse reactions:

- Headache
- Heartburn
- Nausea
- Palpitations
- Rash
- Somnolence
- Vomiting
- Weakness
- Body and joint pain

Category X

- Contraindicated in pregnancy
- Studies show risk to fetus

Plan for 7-8 hours of sleep

NON-BARBITURATE- NON-BENZODIAZEPINES

Eszopiclone (Lunesta)

- Insomnia

Adverse reactions:

- Headache
- Somnolence
- Taste changes
- Chest pain
- Migraine
- Edema

Category C

- Risk can't be ruled out
- Studies are lacking

Zaleplon (Sonata)

- Transient Insomnia

Adverse reactions:

- Dizziness
- Headache
- Rebound insomnia
- Nausea

Zolpidem (Ambien)

- Transient Insomnia

Adverse reactions:

- Drowsiness
- Headache
- Nausea
- Memory loss/amnesia

Plan for 7-8 hours of sleep

SEDATIVE & HYPNOTICS: INTERACTIONS

Sedatives & hypnotics **have an additive effect when given with:**

- Antidepressants
- Opioid analgesics
- Antihistamines
- Phenothiazines (antipsychotic medications)
- Cimetidine (antihistamine medication blocking stomach acid)
- Alcohol

NURSING PROCESS: INITIAL ASSESSMENT

Sedative Assessments

- Is sedative for procedure?
 - Watch timing of medication
- Is consent form signed?
 - Do not give before signed
- Is patient appearing sedated?
 - Take vital signs, hold sedative, and contact PCP

Hypnotic Assessments

- Is the patient in pain?
 - Consider analgesic instead of hypnotic
- Is the drug scheduled too early?
 - Consider time patient will wake up in morning
- Is the environment interfering with sleep?
 - Consider...
 - Dimming lights
 - Closing door
 - Cluster care

Remember...before giving these medications-take baseline Vital Signs

NURSING PROCESS: ONGOING ASSESSMENT

- **Before** administration-Assess:
 - Vital Signs
 - Level of consciousness
 - Safe and sleep inducing environment
 - Is client in pain?
 - When is it scheduled?
- **If PRN** order for both narcotic and hypnotic
 - Consult PCP: time intervals
 - Usually 2 hours should elapse between hypnotic and other CNS depressant
- **After** administration-Assess:
 - Did the drug helped them sleep
 - Safe Environment- side rails up, call light in reach, educate to stay in bed/call for assistance

NURSING DIAGNOSIS: RISK FOR INJURY R/T DROWSINESS OR IMPAIRED MEMORY

- **Safety and Assessment:**
 - **Protect from harm:**
 - Raise side rails
 - Call light in reach
 - Assist with ambulation
 - Drug hangover:
 - Drowsiness
 - Headache
 - Report to PCP
 - Evaluate 1 to 2 hrs after drug is given
 - **Educate:**
 - Stay in bed & call for assistance to get out of bed
 - Hazards of operating machinery r/t decreased concentration & focus
- Notify PCP if:**
- Fails to sleep
 - Awakens one or more times during the night
 - Experiences adverse reaction

NURSING DIAGNOSIS: INEFFECTIVE BREATHING PATTERN R/T RESPIRATORY DEPRESSION

- **Safety and Assessment:**
 - Assess respiratory function:
 - Rate
 - Depth
 - Quality
 - Before administration of medication
 - 30 minutes to 1 hour after administration
 - Frequently thereafter
- **Educate:**
 - Avoid alcohol
 - Can cause CNS depression and even death

Remember...sedatives and hypnotics depress the CNS and can cause respiratory depression!

NURSING DIAGNOSIS: INEFFECTIVE INDIVIDUAL COPING R/T EXCESSIVE USE OF MEDICATION

- **Safety and Assessment**
 - **Sedative and Hypnotics are best used for less than 2 weeks**
 - Become less effective after 2 weeks
 - Increases risk for self increasing dose
 - **Although not recommended, some patients do take for extended period of time**
 - Risk of dependency
 - **Educate:**
 - Importance of not increasing dose
 - Do not repeat the dose during the night if sleep is interrupted
 - Do not suddenly discontinue use, rather gradual withdrawal is recommended
- Signs and symptoms of withdrawal:**
- Restlessness
 - Excitement
 - Euphoria
 - Confusion

IMPLEMENTATION

Provide	Provide supportive care of the medication: <ul style="list-style-type: none"> • Backrubs • Night lights • Quiet and safe atmosphere
Educate	Avoid caffeine late in the day
Never Leave	Never leave medications at: <ul style="list-style-type: none"> • Bedside • Nurses' station • Hallway • Visitor areas • These medications are Controlled Substances

NURSING PROCESS: EDUCATING THE PT & FAMILY

Medication usually prescribed **short-term use only**-

- Should not be used longer than 2 weeks

Do not increase dose without PCP approval

Notify PCP if reaction occurs

Do not use alcohol

Use caution with ADLs if taking sedatives

Use caution at night if taking a drug for sleep

- Keep room dimly lit
- Remove obstacles
- Safe environment

Never attempt to drive/hazardous task after medication

Smaller dose may be required for older adults

If pain is causing insomnia-consider pain medication instead

NURSING PROCESS: EDUCATING THE PT & FAMILY (CON'T)

Do not use these drugs if:

- Pregnant
- Considering becoming pregnant
- Breastfeeding

Avoid Over-The Counter (OTC) medications-can increase sedation

- Antihistamines
- Herbs

Use caution with-increases CNS depression

- Antidepressants
- Opioids
- Phenothiazine
- Cimetidine
- Alcohol

Do not take zolpidem with food (delays action)

Do not eat high-fat food with eszopiclone or zaleplon (delays action)

Grapefruit should not be taken with triazolam or zaleplon (increases concentration of medication in blood-increases risk for side effects)

NURSING PROCESS: EVALUATION

- Has sleep pattern improved?
- Were adverse reactions reported and managed?
- Was there any injuries?
- Was there adequate breathing pattern maintained?
- Did the patient and family understand and follow drug regimen?
- Was the patient free of drug dependency?