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 <u>do not</u> produce sleep



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

Sedatives and Hypnotics-2 Classes

Barbiturates

- Used more in past
- Treat insomnia & anxiety
- Side effects <u>more severe</u> than non-barbiturates



Non-barbiturates

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

BARBITURATES (ACTION)

- Central nervous system (CNS) depression and mood alterations
 - Mild sedation, sleep, deep comma
- 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 <u>prolong</u> use- may result in <u>severe or fatal withdrawal</u> 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
- Gl: 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

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 join pain

Category X

- · Contraindicated in pregnancy
- Studies show risk to fetus

Plan for 7-8 hours of sleep

NON-BARBITURATE-NON-BENZODIAZEPINES

Eszopiclone (Lunesta) Zaleplon (Sonata)

Insomnia

Adverse reactions:

Headache

Taste changes

Chest pain

Migraine

Somnolence

Transient Insomnia

Adverse reactions:

- Dizziness
- Headache
- Rebound insomnia
- Nausea

Zolpidem (Ambien)

Transient Insomnia

Adverse reactions:

- Drowsiness
 - Headache
- Nausea
- Memory loss/amnesia

Category C

Edema

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

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:

- o 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

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

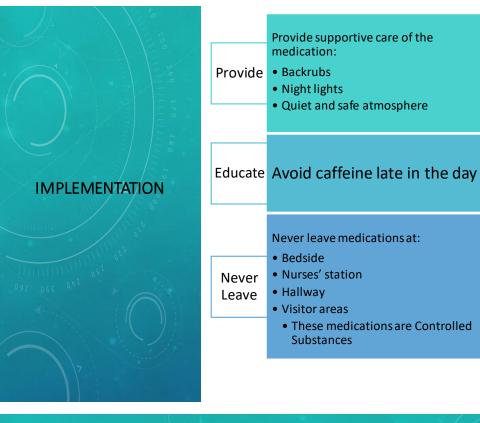
- Safety and Assessment
- <u>Sedative and Hypnotics are best</u> used for less than 2 weeks
- Become less effective after 2 weeks
- Increases risk for self increasing dose
- Although not recommended, some patients do take for extended period of time
 - Risk of dependency

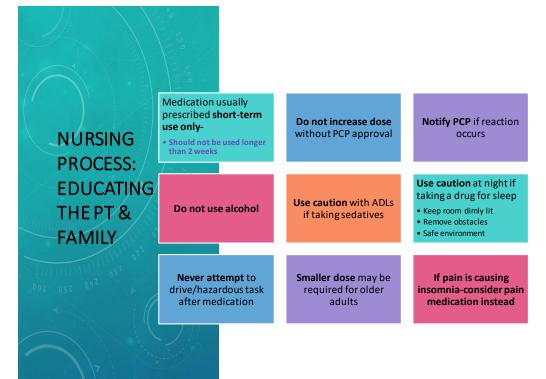
- Educate:
- Importance of not increasing dose
- Do not repeat the dose during the night if sleep is interrupted
- Do not suddenly discontinue use, rather gradual withdrawal is recommended

Signs and symptoms of withdrawal:

- Restlessness
- Excitement
- Euphoria
- Confusion

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





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

Do not use these drugs if:

- Pregnan
- Considering becoming pregnant
- Breastfeeding

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

- Antihistamines
- Herbals

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 zalephon (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?