

## DIPHENHYDRAMINE

Used by Combat Medics

First generation antihistamine (H1 blocker)

For emergent treatment of anaphylaxis or allergic reactions and non-emergent treatment of adverse drug reactions.

DOSAGE(S):

25 mg initial dose, may consider 50 mg based on clinical situation; repeat q 4-6 hr prn; max daily dose 300 mg

ROUTE(S):

IM, IV, IO

CONTRA-INDICATIONS:

Documented hypersensitivity to diphenhydramine, breastfeeding mothers, use in pregnancy if clearly needed

POTENTIAL SIDE EFFECTS:

Sedation/somnolence/sleepiness, drowsiness, unsteadiness, dizziness, headache, rare extrapyramidal effects, tremor, or convulsions

DRUG INTERACTIONS:

Accentuates effects of other medications that cause drowsiness or decreased level of consciousness (sedatives, hypnotics)

ONSET/PEAK/DURATION: 10 sec-20 min (IV<IO<IM)/15 min-2 hr/2-6 hr

TACTICAL CONSIDERATIONS: There is no evidence to support H1-antihistamines alone in emergency management of anaphylaxis – diphenhydramine should only be used as an adjunct to epinephrine during anaphylaxis management; the slower onset and longer duration may help sustain effects of successful treatment. Useful for minor reactions that are not life-threatening. Casualty weapons, communications and sensitive equipment should be secured.





