

SCOPE: ALS, CCT	
MEDICATION:	PROMETHAZINE (Phenergan)
INTERVENTION:	<p><u>Classification:</u> Antiemetic; H1-receptor antagonist</p> <p><u>Actions:</u> Acts on blood vessels, GI, and respiratory system by competing for H1-receptor sites; produces antihistaminic, anti-motion sickness, sedative, antiemetic, and anticholinergic effects; metabolized in the liver and is eliminated in urine and bile</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> • Hypersensitivity • Pediatrics less than or equal to 2 years of age • Lower respiratory tract disease <p><u>Precautions:</u></p> <ul style="list-style-type: none"> • Vasopressor effects of epinephrine may be reversed secondary to administration • May precipitate respiratory depression and/or decrease level of consciousness • May cause extrapyramidal symptoms • May lower seizure thresholds • Neuroleptic Malignant Syndrome (NMS) • Elderly and pediatrics less than 2 years of age • May potentiate effects of narcotics and central nervous system depressants • Prostatic hypertrophy • Presence of cardiovascular disease, ischemic heart disease; may alter cardiac conduction • Presence of narrow angle glaucoma <p><u>Dosage:</u></p> <ol style="list-style-type: none"> I. <u>Nausea & Vomiting (<i>dilute medication in 10ml</i>):</u> <ol style="list-style-type: none"> a. Adult: <ol style="list-style-type: none"> i. IV/IO/IM: 6.25-25 mg; may repeat every 4 hours b. Adult OB: <ol style="list-style-type: none"> ii. IV/IO/IM: 12.5mg every 4 hours b. Pediatric > 2 years old: <ol style="list-style-type: none"> i. IV/IO: 0.25 mg/kg every 4 hours as needed <p><u>Onset of Action:</u> ~5 minutes</p> <p><u>Duration:</u> 4-6 hours possibly up to 12 hours</p> <p><u>Adverse Effects:</u> CNS depression, dizziness, drowsiness, confusion, hypotension, urinary, retention, blurred vision, tachycardia, bradycardia, photosensitivity, dry-mouth</p> <p><u>Special Considerations:</u></p> <ol style="list-style-type: none"> I. For patients demonstrating or complaining of dystonia, dysphoria, or dyskinesia after receiving promethazine administer Benadryl per Mild Allergic Reaction Protocol II. Phenergan MUST be diluted and administered through a large vein with a running IV III. Extravasation may cause necrosis

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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Revised Date:	
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