DIAZEPAM

Nurse prescribers can prescribe diazepam for chronic severe spasticity in palliative care.

GENERIC/PROPRIETARY NAMES
- Generic: diazepam.
- Proprietary (NHS): Diazemuls (injection); Stesolid, Diazepam Rectubes (rectal tubes); Valclair (suppositories).
- Proprietary (non-NHS): Tensium, Rimapam (tablets); Dialar (oral sol).

CLASSIFICATION
- Functional: anxiolytic, hypnotic, anticonvulsant, muscle relaxant.
- Chemical: benzodiazepine.
- Legal: controlled drug (section 4), prescription only.

ACTION
- Depresses subcortical levels of central nervous system, including limbic system, reticular formation.

PHARMACOKINETICS
- Oral: onset 30 mins, peak 1–2 hrs.
- Intramuscular: onset 15–30 mins.
- Intravenous: onset 1–5 mins.
- Metabolised by liver, excreted by kidneys.

INDICATIONS
- Nurse prescriber: palliative care in chronic severe spasticity.
- Other: anxiety, insomnia, alcohol withdrawal, status epilepticus, febrile convulsions, premed sedation.

CONTRAINdicATIONS
- Respiratory depression.
- Acute pulmonary insufficiency.
- Sleep apnoea syndrome.
- Severe hepatic impairment.
- Chronic psychosis.
- Do not use alone with depression or for anxiety with depression.

CAUTIONS
- History of drug or alcohol abuse.
- Older or debilitated (reduce dose).
- Muscle weakness.
- Marked personality disorder.
- Psychosis.
- Pregnancy/breastfeeding.
- Renal impairment.
- Respiratory disease.

COMMON SIDE-EFFECTS
- Drowsiness and lightheadedness.
- Confusion, ataxia.
- Dependence.
- Increased aggression.
- Amnesia.
- Muscle weakness.

INTERACTIONS/INCOMPATIBILITY
- Isoniazid inhibits metabolism.
- Rifampicin increases metabolism.
- Vomeprazole and esomeprazole may inhibit metabolism.
- Ritonavir increases plasma levels – avoid concomitant use.
- Alters plasma levels of phenytoin.
- Raises plasma level of zotepine.
- May antagonise levodopa.

ADMINISTRATION
- Oral: tablets, capsules, solutions.
- Intramuscular injection – only if oral or IV route unavailable.
- Slow IV injection.
- IV infusion.
- Rectal (tubes and suppositories) if unable to take orally.

NURSING CONSIDERATIONS
- Assess baseline vital signs.
- Assess blood pressure, pulse and respiration if IV administration.
- Provide frequent sips of water for dry mouth.
- Provide fluids and fibre for constipation.
- Evaluate therapeutic response, mental state and physical dependency after long-term use.

PATIENT TEACHING
- Do not use for everyday stress.
- Do not use for more than four months unless directed by a clinician.
- Do not take more than the prescribed dose.
- Avoid non-prescribed medications unless approved by a clinician.
- May cause drowsiness – avoid driving or any other activities requiring alertness.
- Avoid other psychotropic medications unless prescribed.
- Avoid alcohol.
- Do not discontinue abruptly after long-term use – withdrawal symptoms may occur.
- Rise slowly as fainting may occur.
- Seek psychiatric help if depressed.
- Store securely.

REFERENCES