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| LONG-ACTING BENZODIAZEPINE DRUGS | | | | NO. | |
| PURPOSE:  To provide guidelines relating to the use of Long-Acting Benzodiazepine Drugs.  STATEMENT OF POLICY:  It is the policy of this facility that long-acting benzodiazepine drugs will not be used in residents unless an attempt with a shorter-acting drug has failed.  Procedure:   1. Procedure for evaluating the use of long-acting benzodiazepine drugs. 2. A long-acting benzodiazepine drug should not be used unless an attempt with a shorter/acting drug has failed. Short-acting drugs are those listed under “Benzodiazepine or Other Anxiolytic/Sedative Drugs” and “Drugs used for Sleep Induction”. 3. After an attempt with a shorter-acting drug has failed, a long-acting benzodiazepine drug should not be used unless: 4. Evidence exists that other possible reasons for the resident’s distress have been considered and ruled out. 5. Its use results in maintenance or improvement in the resident’s functional status. 6. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful. 7. Its use is less than, or equal to, the following listed total daily doses, unless higher doses (as evidenced by the resident’s response and/or the resident’s clinical record) are necessary for the maintenance, or improvement in the resident’s functional status.   GENERIC BRAND DAILY ORAL DOSAGE  Flurazepam (Dalmane) 5mg  Chlordiazepoxide (Librium) 20mg  Clorazepate (Tranxene) 15mg  Diazepam (Valium) 5mg  Clonazepa (Klonopin) 1.5mg  Quazepam (Doral) 7.5mg  Halazepam (Pamipam) 40mg     1. The daily doses above are usually administered in divided doses for the geriatric resident. Therapy should be initiated with lower doses and gradually increased if necessary. Doses may only be exceeded if the facility provides evidence to show that the increased dose is necessary for the maintenance or improvement in the resident’s functional status. 2. “Duplicate drug therapy” is any drug therapy that duplicates a particular drug effect, such as sedation, on the resident. | | | | | |
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| LONG-ACTING BENZODIAZEPINE DRUGS | | | | NO. | |
| 1. A gradual dose reduction should be attempted at lease twice within one year before one can conclude that the GDR is clinically contraindicated. 2. Documentation 3. Information regarding use of the Long-Acting Benzodiazepine Drugs should be recorded in the following areas: 4. Resident Care Plan 5. Pharmacy Consultation Report 6. Physician and Nursing Progress Notes 7. QA Auditing Form 8. Behavior Documentation Record   References: F-329 through F-331  Attachments:  Drug List | | | | | |
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LONG-ACTING

BENZODIAZEPINE DRUGS

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**What Are They?**

* Dalmane, Librium, Tranxene, Valium, Klonopin

**When Can You Use?**

* After an attempt with a shorter-acting drug has failed
* Other reasons for resident’s distress have been ruled out
* Results in maintenance or improvement in the resident’s functional status
* Gradual does reduction should be attempted at least twice within one year