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| Short-Acting Benzodiazepine or  Other Anxiolytic/Sedative Drugs | | | | NO. | |
| PURPOSE:  To provide guidelines relating to the use of Short-Acting Benzodiazepine or other Anxiolytic/Sedative Drugs.  STATEMENT OF POLICY:  It is the policy of this facility that short-acting benzodiazepine or other anxiolytic/sedative drugs will only be used for residents when appropriate clinical conditions are observed and documented.  PRODEDURE:   1. Procedure for evaluating the use of short-acting benzodiazepine or other anxiolytic/sedative drugs. 2. A short-acting benzodiazepine or other anxiolytic/sedative drug should be used for purposes other than sleep induction only when: 3. Evidence exists that other possible reasons for the resident’s distress have been considered and ruled out. 4. Its use results in maintenance or improvement in the resident’s functional status. 5. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful. 6. Use is for one of the following indications: 7. Generalized anxiety disorder. 8. Organic mental syndromes (now called “delirium, dementia, amnestic and other cognitive disorders”) with associated agitated behaviors; which are quantitatively and objectively documented, persistent, not due to preventable reasons, constituted a source of distress or dysfunction, or represent a danger to the resident and/or others. 9. Panic disorder. 10. Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder. 11. Its use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident response and/or the resident’s clinical record) are necessary for the improvement or maintenance in the resident’s functional status.   Short-Acting Benzodiazepines  GENERIC BRAND DAILY ORAL DOSE  Lorazepam (Ativan) 2 mg.  Oxazepam (Serax) 30. mg  Aprazolam (Xanaz) 0.75 mg  Estezolam (Prosom) 0.5 mg | | | | | |
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| Short-Acting Benzodiazepine or  Other Anxiolytic/Sedative Drugs | | | | NO. | |
| Other Anxiolytic and Sedative Drugs  GENERIC BRAND DAILY ORAL DOSE  Dipnerhydramine (Benadryl) 50 mg.  Hydroxyzine (Atarax, Vistaril) 50 mg.  Chloral Hydrate (Many Brands) 750mg   1. The daily doses listed above are usually administered in divide 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. A gradual dose reduction should be attempted at least twice within one year before one can conclude the GDR is clinically contraindicated. 3. Diphenhydramine (Benadryl) , Hydroxyzine, (Atarax, Vistaril), and Chloral Hydrate are not necessarily drugs of choice for treatment of anxiety disorders and are only listed here in the event of their potential use. 4. DOCUMENTATION 5. Information regarding use of the Short-Acting Benzodiazepines or other Anxiolytic/Sedative drugs should be recorded in the following areas: 6. Resident Care Plan 7. Pharmacy Consultation Report 8. Physician and Nursing Progress Notes 9. QA Auditing Form 10. Behavior Documentation Record   ATTACHMENT:  Short-Acting Benzodiazipine Drugs Training | | | | | |
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SHORT-ACTING BENZODIAZIPINE DRUGS,

OTHER ANXIOLYTICS AND SEDATIVES

WHAT ARE THEY?

* Ativan, Serax, Xanax, Prosom, Benadryl, Atarax, Vistaril, Chloral Hydrate

WHEN CAN YOU USE?

* Other reasons for resident’s distress have been ruled out.
* Results in maintenance or improvement in the resident’s functional status.
* Gradual dose reduction should be attempted at least twice within one year.

SHORT-ACTING BENZODIAZEPINE DRUGS

OTHER ANXIOLYTICS AND SEDATIVES

INDICATIONS FOR USE:

* Generalized Anxiety Disorder
* Organic Mental Syndromes with associated agitated behaviors; which have been documented, are persistent, not due to preventable reasons, a source of distress or dysfunction, or represent a danger to the resident and/or others
* Panic Disorder
* Symptomatic Anxiety that occurs in residents with another diagnosed psychiatric disorder