

Hypnotic & Sedative Drug Chart

Drug	Mechanism	Uses	Side/Adverse Effects	Nursing Implications
Benzodiazepines	<ul style="list-style-type: none"> -CNS depression by incr. the GABA neuronal inhibition -decr. activity of brain, nerves, muscles & heart--depress any system that uses energy; in lower doses exert action on centers in brain concerned w arousal 	<ul style="list-style-type: none"> -insomnia -chronic anxiety, crisis event -seizures -preoperatively -muscle spasms -withdrawal syndromes 	<ul style="list-style-type: none"> -drowsiness -slurred speech, memory impairment -hangover effect/daytime sedation; dizziness -hypotension & respiratory depression w/ IV administration -CNS excitement, vivid nightmare -anterograde amnesia 	<ul style="list-style-type: none"> -follow safety measures monitor use—controlled substances -assess respiratory status when giving IV push -withdraw slowly after long use -avoid alcohol & other CNS depressants flumazenil (MAZICON)=antidote
Barbiturates	<ul style="list-style-type: none"> -CNS depression 	<ul style="list-style-type: none"> Long acting—onset 1hr, peak 10-14 hrs -primary seizure disorders -phenobarbital Intermediate acting—onset 45-60 min, peak 6-10 hr -sleep sustainer, preanesthesia sedation -amobarbital (AMYTAL) Short acting—onset 10-30 min, peak 3-6 hr -sleep inducer, preanesthetic sedation -seconbarbital (SECONAL), pentobarbital (NEMBUTAL) Ultra short acting—onset<60 sec (IV); duration +/- 15 min -anesthetic induction agent -thiopental sodium 	<ul style="list-style-type: none"> -excessive CNS depression -physical dependence -respiratory depression -toxicity w/ overdose <ul style="list-style-type: none"> -pinpoint pupils -respiratory arrest -hypotension -coma decreased body temperature -decr. amount of time spent dreaming 	<ul style="list-style-type: none"> -teach safety & precautions -assess LOC, respiratory status & effect of agent -teach not to abuse—monitor use -do not abruptly stop (seizures) -avoid alcohol & other CNS depressants -chronic use -know potential for drug interactions
Alcohol	<ul style="list-style-type: none"> -CNS depressant that can produce sedation (low doses) -hypnotic or unconsciousness (high dose effect) 		<ul style="list-style-type: none"> -euphoria -depressed learned inhibitions -temporary increase in activity -fine motor skills -libido -diuresis -appetite stimulation -cardiomyopathy -toxicity to liver -gastritis & PUD -pancreatitis -Wernicke's encephalopathy -Korsakoff's psychosis 	<ul style="list-style-type: none"> -assess the amount & frequency of alcohol consumption -emphasize safety precautions -monitor liver function tests -report signs of abuse -monitor nutrition status -coffee, fresh air, does not "sober up" -be aware of community resources -educate about alcohol & interaction w/ other drugs -use disulfiram (ANTABUSE)—inhibits degradation of acetaldehyde