

Pharmacologic properties:

Diphenhydramine is a histamine H1-receptor antagonist that prevents the release of histamine from effector mast cells. Histamine is a vasoactive substance central to allergic reactions that induces vasodilation, vascular permeability, and bronchoconstriction. Diphenhydramine prevents histamine-mediated responses, particularly the effects of histamine on the smooth muscle of the bronchial airways, skin, gastrointestinal tract, and blood vessels.

Indications:

- Acute allergic reactions (mild, moderate, or severe)
- Anaphylaxis
- Acute dystonic reactions associated with ingestion of phenothiazines and related drugs (haloperidol, thorazine, compazine, metaclopramide, ziprasidone)

Contraindications:

- Benadryl is not to be used in newborn or premature infants or in nursing mothers
- Known hypersensitivity to diphenhydramine or antihistamines

Precautions:

- May cause significant sedation or paradoxical excitation/akathisia
- Diphenhydramine has additive effects with alcohol and other CNS depressants
- Antihistamines may cause dizziness, confusion, delirium, hallucinations, and/or hypotension in the elderly (60 years or older)
- Diphenhydramine has an atropine-like action and therefore should be used with caution in patients with a history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease or hyper-tension

Adverse Reactions:

- Drowsiness, sedation, Confusion, Vertigo, Hyperactivity in children, Palpitations, Tachycardia, PVC's, Hypotension, Nausea, Vomiting, Diarrhea, Dry mouth, Constipation, Thickening of bronchial secretion

Dosage and administration:**Adult**

- 25 - 50 mg slow IV or IM

Pediatric

- 1.25 mg/kg slow IV or IM (do not exceed adult dose)