Diphenhydramine is an antihistamine which blocks H1 receptors. This action prevents histamine release from cells during an allergic reaction. The drug has an anti-cholingeric (like atropine) effect that will cause heart rate to increase, pupils to dilate, decrease GI tract motility and dry up mucosal membranes. It also has an antiparkinsonism effect, which is used to treat acute dystonic and dysphoric reactions to phenothiazine-like drugs (e.g. Phenergan, Thorazine, Compazine) and extrapyramidal reactions (oculogyric crisis, facial grimacing, opisthotonos) that are more common with haldol.

Indications and Administration

1. Anaphylaxis and severe allergic reactions.
   a. **Adult:** 25 **-** 50 mg IV slow push or deep IM.
   b. **Pediatric:** 1 - 2 mg/kg IV slow push or deep IM not to exceed 50 mg in a single dose.
2. To counteract acute dystonic and dysphoric reactions to phenothiazine-like drugs.
   a. **Adult:** 25 mg IV slow push or 50 mg deep IM.
   b. **Pediatric:** 1 - 2 mg/kg IV slow push or deep IM not to exceed 50 mg in a single dose.
3. To counteract the extrapyramidal effects of haloperidol
   a. **Adult**: 25 mg IV slow push or 50 mg deep IM.
   b. **Pediatric:** 0.5 – 1.0 mg/kg IV slow push or deep IM not to exceed 25 mg in a single dose.

Notes

1. Degree of sedation varies greatly among individuals.
2. Children may demonstrate excitation rather than drowsiness.
3. May depress respirations.
4. May cause drowsiness, sedation, headache, blurred vision, dizziness, nausea, vomiting, tremors, palpitations and convulsions.
5. May have additive effect with alcohol or other depressants.
6. May cause shortened diastole, atrial tachycardia and changes in T-waves.
7. Avoid in COPD patients.

Diphenhydramine (Benadryl)

8. Use with caution in patients with asthma, glaucoma and bladder obstruction.
9. Do not give subcutaneously and make sure IV is patent since it is very irritating to dermal tissues.

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