

Medications

Chlorpromazine: low potency

Haloperidol: high potency

Fluphenazine: high potency

Thiothixene: high potency

Perphenazine: medium potency

Loxapine: medium potency

Trifluoperazine: high potency

Purpose

Block dopamine acetylcholine, histamine, and norepinephrine receptors in the brain and periphery

Inhibition of psychotic manifestations, believed to be a result of dopamine blockade in the brain

Therapeutic Uses

Acute chronic psychotic disorders

Schizophrenia spectrum disorders

Bipolar disorders (primarily the manic phase)

Tourette syndrome

Agitation

Prevention of nausea/vomiting through blocking of dopamine in the chemoreceptors trigger zone of the medulla

Complications, Extrapyramidal Side Effects (EPSs)

Complication	Nursing Action and Education

Complications, Extrapyramidal Side Effects (EPSs) (cont)

Acute Dystonia: Monitor for acute dystonia between a few hrs to 5 days after administration of the first dose. Treat with anticholinergic agents, such as benztropine or diphenhydramine. Use oral dose for less acute effects and IM or IV doses for serious effects. Expect improvement within 5min (IV dosing) to 20min (IM dosing)

Parkinsonism: Occurs within 1 month of initiation therapy. Treat with benztropine, diphenhydramine, or amantadine. Discontinue these medications to determine if they are still needed. If manifestations return, administer atypical antipsychotics as prescribed.

Complications, Extrapyramidal Side Effects (EPSs) (cont)

Akathisia: Within 2 months of the initiation of treatment. Manage effects with betablocker, benzodiazepine, or anticholinergic medications

Tardive Dyskinesia (TD): TD are late EPS that can occur months to years after the start of therapy, and can improve following medication change or can be permanent. Administer the lowest dosage possible. Evaluate the client after 12 months of therapy and then every 3 months. Valbenazine can be prescribed to treat TD for adult clients

Other Adverse Effects

Complication	Nursing Action and Education



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Other Adverse Effects (cont)

Neuroleptic	Stop medication.
Malignant	Monitor vital signs.
Syndrome: Life	Apply cooling
Threatening	blankets, administer
Medical	antipyretics, increase
Emergency.	fluids, administer
Sudden high grade	diazepam, administer
fever, blood	dantrolene and
pressure fluctu-	bromocriptine to
ations, dysrhy-	induce muscle relaxa-
thmias, muscle	tion, ICU immediately,
rigidity, diapho-	with 2 weeks before
resis, tachycardia,	resuming therapy
and change in	
LOC developing	
into coma	

Anticholinergic	Chewing sugarless
Effects: dry mouth,	gum, sipping water,
blurred vision,	avoid hazardous
photophobia,	activities, wearing
urinary hesita-	sunglasses outdoors,
ncy/retention,	eating high fiber,
constipation,	regular exercising, 2-
tachycardia	3L of water daily,
	voiding before
	medications

Neuroendocrine	Observe for manife-
Effects: gynecos-	stations and notify
mastia (breast	provider if these
enlargement),	occur
galactorrhea, and	
menstrual irregular-	
ities	

Seizures: greatest	Increase in anti-s-
risk for developing	eizure medication can
seizures is existing	be necessary
seizure disorder	

Other Adverse Effects (cont)

Skin	Avoid excessive exposure to
Effects:	sunlight, use sunscreen.
photos-	Avoid direct contact with
ensitivity	medications
resulting	
in severe	
sunburns,	
and	
contact	
dermatitis	
from	
handling	
medica-	
tions	

Orthos-	Monitor blood pressure and
tatic	heart rate for orthostatic
Hypote-	changes. If significant
nasion	decreases in BP or increases
	in HR is noted don't
	administer medication.
	Tolerance should develop in
	2-3months. If lightheadedness
	or dizziness occurs, sit or lie
	down. Change positions
	slowly

Sedation	Effects should diminish within
	a few weeks. Take this
	medication at bedtime to avoid
	daytime sleepiness. Don't
	drive until sedation has
	subsided

Other Adverse Effects (cont)

Sexual	Report to provider. Lower
Dysfunction:	dosage or changing to high-
altered libido,	potency agents can
difficulty	minimize these effects
achieving	
orgasm,	
erectile and	
ejaculatory	
dysfunction	

Agranuloc-	Indications of infections
ytosis	appear, obtain baseline
	WBC. Medication should
	be discontinued if
	infection. Observe for
	infection.

Severe	Obtain baseline ECG and
Dysrhythmias	potassium level prior to
	treatment and periodically
	throughout treatment.
	Avoid concurrent used
	with other medications that
	prolong QT interval

Liver Impair-	Assess baseline liver
ments	function and monitor liver
	function. Observe for
	anorexia, nausea,
	vomiting, fatigue,
	abdominal pain, jaundice

Contraindications/ Precautions

Contraindicated in clients in a coma, and clients who have Parkinson's disease, liver damage, prolactin dependent cancer of the breast, and severe hypotension

Contraindicated in older clients who have dementia

Use cautiously in clients who have glaucoma, paralytic ileus, prostate enlargement, heart disorders, liver or kidney disease, and seizure disorders.

Interactions

Interaction	Nursing Action and Education
Anticholinergic agents	Avoid over the counter medications containing anticholinergic agents, such as sleep aids and antihistamines
CNS Depressants: alcohol, opioids, and antihistamines have additive CNS depressant effects	Avoid alcohol and other medications that cause CNS depression, Avoid hazardous activities such as driving
Levodopa: by activating dopamine receptors, levodopa counteracts the effects of antipsychotic agents	Avoid concurrent use of levodopa and other direct dopamine receptors agonists

Nursing Administration

These medications are reserved for clients who are using them successfully and can tolerate the adverse effects, or violent/particularly aggressive

Use the abnormal involuntary movement scale (AIMS) to screen for the presence of EPS

Assess the client to differentiate between EPS and worsening of psychotic disorder

Administer anticholinergics, beta blockers, and benzodiazepines to control early EPSs. If adverse effects are intolerable, the client can be switched to a low potency or atypical antipsychotic agent.

Consider depot preparation administration IM once every 2-4 weeks for clients who have difficulty maintaining medication regimen. Inform the client that lower doses can be used with depot preparations, which will decrease the risk of adverse effects

Antipsychotic medications don't cause addiction

Some therapeutic effects can be noticeable within a few days, but significant improvements can take 2-4 weeks, and possibly several months for full effects

