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Demerol Tablets (meperidine hydrochloride) - Drug Summary

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Meperidine Oral (meperidine hydrochloride)

COMMON BRAND NAMES

Demerol, Meperidine Oral

THERAPEUTIC CLASS

Opioid analgesic

DEA CLASS

CII

ADULT DOSAGE & INDICATIONS

Moderate to Severe Pain

Usual: 50-150mg q3-4h prn
Adjust dose according to severity of pain and response

PEDIATRIC DOSAGE & INDICATIONS

Moderate to Severe Pain

Usual: 1.1-1.8mg/kg, up to the adult dose, q3-4h prn
Adjust dose according to severity of pain and response

DOSING CONSIDERATIONS

Concomitant Medications
Phenothiazines/Other Tranquilizers: Proportionately reduce dose by 25-50%

Elderly
Reduction in total daily dose is recommended

ADMINISTRATION

Oral route

Each dose of the oral sol should be taken in 1/2 glass of water

HOW SUPPLIED

Sol: 50mg/5mL [500mL]; (Demerol) Tab: 50mg*, 100mg *scored

CONTRAINDICATIONS

Hypersensitivity to meperidine, during or w/in 14 days of MAOI use, severe respiratory insufficiency.

WARNINGS/PRECAUTIONS

May be habit forming. Not for treatment of chronic pain; prolonged use may increase risk of toxicity (eg, seizures). May be abused in a manner similar to other opioid agonists; abuse by crushing, chewing, snorting, or injecting the dissolved product will pose a significant risk that could result in overdose or death. Respiratory depressant effects and CSF pressure elevation capacity may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure. May obscure the clinical course of patients with head injuries; use with extreme caution and only if deemed essential. Extreme caution with acute asthmatic attack, chronic obstructive pulmonary disease or cor pulmonale, substantially decreased

respiratory reserve, preexisting respiratory depression, hypoxia, or hypercapnia. May cause severe hypotension in postoperative patients or individuals whose ability to maintain BP has been compromised by a depleted blood volume. May impair mental/physical abilities. May produce orthostatic hypotension in ambulatory patients. Not recommended during labor. Caution with sickle cell anemia, pheochromocytoma, acute alcoholism, adrenocortical insufficiency (eg, Addison's disease), CNS depression/coma, delirium tremens, kyphoscoliosis associated with respiratory depression, myxedema/hypothyroidism, prostatic hypertrophy/urethral stricture, hepatic/pulmonary/renal impairment, toxic psychosis, and in elderly/debilitated. May obscure the diagnosis or clinical course in patients with acute abdominal conditions. May aggravate convulsions with convulsive disorders and may induce or aggravate seizures in some clinical settings. Caution with atrial flutter and other supraventricular tachycardias; may produce a significant increase in the ventricular response rate. May produce tolerance and drug dependence; caution with alcoholism or other drug dependencies, and avoid abrupt discontinuation.

ADVERSE REACTIONS

Lightheadedness, dizziness, sedation, N/V, sweating, respiratory depression, circulatory depression, respiratory arrest, shock, cardiac arrest.

DRUG INTERACTIONS

See Contraindications and Dosage. Respiratory depression, hypotension, profound sedation, coma, or death may occur with other CNS depressants (eg, sedatives/hypnotics, general anesthetics, phenothiazines, tranquilizers, alcohol, other opioids); use with caution and in reduced dosages. Mixed agonist/antagonist analgesics (pentazocine, nalbuphine, butorphanol, buprenorphine) may reduce analgesic effect and/or may precipitate withdrawal symptoms; use with caution. Acyclovir may increase levels; use with caution. Cimetidine may reduce clearance and V_d and also the formation of the metabolite, normeperidine; use with caution. Phenytoin may enhance hepatic metabolism, and may increase levels of normeperidine; use with caution. Ritonavir may increase levels of the active metabolite normeperidine; avoid coadministration. Serotonin syndrome reported with serotonergic drugs (eg, SSRIs, SNRIs) and St. John's wort; avoid coadministration. May enhance neuromuscular-blocking action of skeletal muscle relaxants and increase respiratory depression.

PREGNANCY AND LACTATION

Category C, not for use in nursing.

MECHANISM OF ACTION

Opioid analgesic; has multiple actions qualitatively similar to those of morphine (the most prominent of these involve the CNS and organs composed of smooth muscle). Principal actions of therapeutic value are analgesia and sedation.

PHARMACOKINETICS

Distribution: Crosses placenta; found in breast milk. **Metabolism:** Liver; normeperidine (active metabolite).

ASSESSMENT

Assess for level of pain intensity, type of pain, patient's general condition and medical status, or any other conditions where treatment is contraindicated or cautioned. Assess for drug hypersensitivity, renal/hepatic/pulmonary impairment, pregnancy/nursing status, and possible drug interactions.

MONITORING

Monitor for respiratory depression, elevations in CSF pressure, hypotension, convulsions/seizures, drug abuse/tolerance/dependence, and other adverse reactions.

PATIENT COUNSELING

Advise to report pain and adverse experiences occurring during therapy. Instruct not to adjust dose without consulting physician and not to abruptly d/c if on treatment for more than a few weeks. Inform that drug may impair mental/physical abilities required to perform hazardous tasks (eg, driving, operating heavy machinery). Instruct not to combine with alcohol or other CNS depressants. Advise to consult physician if pregnant, planning to become pregnant, or breastfeeding. Inform that drug has potential for abuse and should be protected from theft. Advise to destroy unused tabs by flushing down the toilet.

STORAGE

25°C (77°F); excursions permitted to 15-30°C (59-86°F).

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