

# Insomnia

1. Trial non pharmacological measures first: sleep hygiene, noise reduction (ear plugs/muffs), reduce lighting, avoid night time interruptions if able, turn off TV/radio/etc. In room
2. Before using pharmacotherapy, check patient allergies
3. Melatonin is generally a safe starting point for medications, with 1-3mg PO scheduled at 9 to 10pm
4. If not effective, can consider trazodone 50mg PO at bedtime (caution with orthostatic hypotension, atrial/ventricular arrhythmias)
5. Can also consider benadryl 25-50mg or hydroxyzine 50-100mg PO nightly PRN (safer for elderly) insomnia. Watch for anticholinergic side effects (dry mouth, blurry vision, urinary retention) and use with caution if impaired cognition.
6. If still ineffective can consider ambien 5-10mg PO nightly
7. If above measures not effective, evaluate the patient before considering any strong sedatives.

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