



## Medication Audit Checklist

**Diphenhydramine (Benadryl®)**

**Hydroxyzine (Vistaril®, Atarax® [DSC])**

July 2023

### Audit Information

Reviewer:
Drug:
Audit #:
Audit Date:
Dose:
Does this audit require a physician review? Y or N

### Patient Information

Patient #:
Age:
Ordering Provider:
Admit Date:
Gender:
Attending Provider:

<b>Indication</b>		
If a medication is prescribed for an off-label indication, documentation in the patient chart is recommended.	<b>Comments</b>	<b>Does this indication require a physician review?</b>
Label: <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Insomnia (diphenhydramine)</li> <li>• Parkinsonism and other EPS (diphenhydramine)</li> </ul> Off Label: <ul style="list-style-type: none"> <li>• Insomnia (hydroxyzine)</li> </ul>		

<b>Contraindications</b>		<b>Does this contraindication require a physician review?</b>
<ul style="list-style-type: none"> <li>• Anticholinergic intoxication</li> <li>• Delirium</li> <li>• Early pregnancy (hydroxyzine)</li> <li>• Hypersensitivity to medication prescribed</li> <li>• Prolonged QT interval (hydroxyzine, diphenhydramine) or risk factors for QT prolongation (hydroxyzine doses <math>\geq 100\text{mg}</math>) – such as concomitant QT prolonging medications, electrolyte imbalance, pre-existing heart disease, family history of congenital long QT syndrome</li> </ul>		

<b>Patient Monitoring</b>	<b>Comments</b>	<b>Does this require a physician review?</b>
Baseline Tests: <ul style="list-style-type: none"> <li>• Pregnancy test (females)</li> </ul> Ongoing Tests: <ul style="list-style-type: none"> <li>• Pregnancy test (females) as clinically indicated</li> </ul>		