Nursing Process Focus:
Patients Receiving Zolpidem (Ambien)

**Assessment**
Prior to administration:
- Obtain complete health history, including, allergies, data on sleep habits, mental status and any family history of sleep disorders, and laboratory findings such as CBC, BUN, creatinine, and liver enzymes.
- Obtain patient’s drug history to determine possible drug interactions and allergies.

**Potential Nursing Diagnoses**
- Risk for Injury, related to sedative effect of drug
- Disturbed Sleep Pattern, related to effects of drug
- Impaired Memory, related to side effect of drug
- Deficient Knowledge, related to new drug regimen

**Planning: Patient Goals and Expected Outcomes**
Patient will:
- Experience comfortable, timely onset of night-time sleep and restoration of normal sleep/wake pattern.
- Demonstrate understanding of sleep hygiene and factors that facilitate sleep.
- Demonstrate understanding of the drug's action by accurately describing drug side effects and precautions.
- Remain free from injury during course of drug therapy.

**Implementation**

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<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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| *Monitor patients having a primary sleep disorder, especially central sleep apnea. (The CNS depressant effect can further reduce the altered respiratory drive responsible for apnea.) | Advise patient
- to report symptoms of night time shortness of breath, snoring, or headache upon awakening to the health care provider before taking this medication.
- that snoring is NOT normal, and is the sign of obstruction in the upper respiratory tract. |
| *Monitor vital signs especially respiration, pulse and blood pressure. (The drug's CNS effects can slow or diminish breathing.) | *Instruct patient or caregiver to monitor breathing patterns, and to observe for snoring or apnea. |
| *Provide for patient safety by toileting patient prior to medicating, putting side rails up, placing call bell nearby, etc. (Grogginess can cause the patient to become disoriented, and to forget or disregard object placement.) | Instruct the patient
- to request assistance when getting out of bed.
- to remove items from the bedroom that pose a tripping hazard. |
<p>| *Monitor mental status and level of consciousness. (The drug's affect on the hippocampus and cerebral cortex may cause confusion or amnesia.) | *Instruct the patient or caregiver to report significant changes in mental status, such as extreme lethargy or disorientation, especially occurring in the daytime. |
| *Monitor mental health status and evaluate | *Advise patient to report signs of |</p>
<table>
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<th><strong>risk potential for suicide.</strong></th>
<th>depression to the health care provider immediately.</th>
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| *Monitor the environment for signs of hoarding medication.*  
  *Obtain a no-self harm verbal contract from patients identified as being at risk of suicide.* | Instruct patient or caregivers:  
  • to take medication as prescribed.  
  • to assure medications are swallowed.  
  • (for those at risk for mental depression) to demonstrate swallowing of the medication. |
| **Document patient’s sleep patterns and response to medication.** | Advise patient:  
  • of short term use of medications and encourage non-pharmacologic strategies to improve sleep.  
  • that long-term insomnia may signal another underlying medical disorder and should be investigated by the health care provider. |
| *Monitor gastrointestinal elimination. Observe for nausea, vomiting, and dyspepsia. CNS depressants may reduce gastrointestinal motility. (Gastrointestinal distress may also signal hepatotoxicity.)* | *Inform patient that food decreases absorption and will delay onset of effects. |
| *Monitor laboratory tests such as CBC, BUN, creatinine, urinalysis and liver enzymes to determine kidney and liver function. (Zolpidem is metabolized in the liver and excreted by the kidneys; impaired organ function can increase serum drug levels.)* | Advise patient:  
  • to inform the health care provider of any history of liver or kidney problems.  
  • to report nausea, vomiting, diarrhea, rash, jaundice, abdominal pain, tenderness, distention, or change in color of stool.  
  • to adhere to laboratory testing regimen for serum blood level tests of liver enzymes as directed. Instruct the patient to keep all follow-up appointments as directed by the health-care provider. |

**Evaluation of Outcome Criteria**
Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).