Nursing Process Focus:
Patients Receiving Benztropine (Cogentin)

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<tr>
<th>Assessment</th>
<th>Potential Nursing Diagnoses</th>
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| Prior to administration: | • Risk for Constipation, related to side effects of drug  
• Risk for Injury, related to effects of drug  
• Risk for Imbalanced Body Temperature  
• Disturbed Sleep Pattern, insomnia or extreme drowsiness related to action of drug  
• Ineffective Therapeutic Regimen Management  
• Urinary Retention, related to side effect of drug |
| • Obtain complete health history including allergies, drug history and possible drug interactions.  
• Obtain baseline of severity of Parkinson’s symptoms to determine effectiveness.  
• Assess for use of other medications.  
• Obtain lab work to include a complete blood count, liver and renal function studies.  
• Obtain baseline vital signs, especially pulse. | |

Planning: Patient Goals and Expected Outcomes
Patient will  
• Experience relief of Parkinson’s symptoms or EPS due to anti-psychotic drugs.  
• Immediately report any occurrence of adverse reactions.  
• Demonstrate an understanding of the drug’s action by accurately describing drug side effects and precautions, and measures to take to decrease any side effects.  
• Maintain compliance with drug regimen.  
• Maintain normal bowel pattern.

Implementation

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<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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| *Monitor adherence to recommended therapy. Benztropine should be begun with low dose, then gradually increased. | Instruct patient:  
*to take benztropine as ordered, unless side effects occur; then notify health care provider.  
*that it usually takes 2-3 days before desired effect will be noticed. |
| *Monitor proper storage of benztropine. | *Advise patient to store benztropine in tightly covered, light-resistant container at moderate room temperature. |
| *Monitor environmental temperature. (Patient will have decreased ability to tolerate heat, and may develop heat stroke.) | *Advise patient to avoid strenuous activity in hot weather, to plan rest periods, and to avoid strenuous activity during heat of day to decrease risk of heat stroke. |
| *Monitor patient’s ability to void, as well as intake and output. (Benztropine can cause urinary hesitation or retention, secondary to its anticholinergic effect.) | Instruct patient:  
*to report infrequent voiding, or feeling of fullness after emptying the bladder.  
*to keep a record of intake and output with times of occurrence, and to report imbalance in intake and output. |
| *Evaluate medication regimen for drugs that interact with benztropine. (Concurrent use of phenothiazines causes increased risk of adverse | Instruct patient:  
• to disclose any history of psychiatric problems or other medication use to all |
| Anticholinergic effects; patient will need decreased phenothiazine dose, and close monitoring for worsening symptoms of psychiatric disorder.) | health care providers  
• to report urinary problems, blurred vision, constipation, dry skin, nausea, vomiting, drowsiness, dysphagia, photophobia |
| *Monitor drug use in elderly. (Increased sedative effects of benztropine may occur and lower doses may be needed.) | *Advise patient to report any drowsiness. |
| *Monitor for anticholinergic effects such as dry mouth. | *Teach patient measures to use: sugarless hard candy or gum, frequent drinks of water, frequent rinsing of mouth. |
| *Observe for increased symptoms of Parkinson’s or EPS. (If involuntary movements or increased rigidity occur, medication levels may not be therapeutic.) | Review with patient and family:  
• exactly how to take medication.  
• to report increased muscle rigidity, difficulty changing position, muscle spasms or other involuntary movements. |
| *Monitor for constipation and for signs of paralytic ileus. (This may be caused by decreased GI motility due to drug’s anticholinergic effects.) | Advise patient:  
• to take benztropine after meals to decrease GI irritation.  
• to decrease constipation by increasing fluids, fruits and vegetables, exercise if possible.  
• to report signs of paralytic ileus (abdominal pain, intermittent constipation, abdominal distention, nausea, and vomiting.) |
| *Observe for unsafe activities. (Benztropine may cause sedation or dizziness.) | Instruct family:  
• to supervise ambulation until response to medication is known  
• Advise patient not to drive until response to medication is known |
| *Monitor for symptoms of overdose. (Some adverse reactions may result from atropine-like toxicity, and may be eliminated by lowering dose of benztropine.) | *Advise patient to report immediately: hallucinations, confusion, disorientation, delusions, anxiety, hyperthermia, tachycardia, increased respirations. |

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