

Medication Audit Checklist- Disulfiram (Antabuse®)

Reviewer:

Date:

Class:

Audit number: Client number: Age (yrs): Gender (M/F): Admission date: Ordering Provider:	Comments	Physician review required?	
		Yes	No
INDICATIONS			
1) Alcohol use disorder – to maintain sobriety			
BLACK BOX WARNINGS			
Disulfiram should <i>never</i> be administered to a patient when they are in a state of alcohol intoxication, or without their full knowledge			
CONTRAINDICATIONS			
1) Receiving or have recently received metronidazole, paraldehyde, or alcohol-containing preparation (e.g., cough syrups, tonics)			
2) Severe myocardial disease, coronary occlusion, or psychoses			
3) Hypersensitivity to disulfiram or to other thiuram derivatives used in pesticides and rubber vulcanization			
PRECAUTIONS TO CONSIDER			
1) The patient must be fully informed of the disulfiram-alcohol reaction; they must be strongly cautioned against surreptitious drinking while taking the drug, and they must be fully aware of the possible consequences. they should also be warned that reactions may occur with alcohol up to 14 days after ingesting disulfiram.			
2) History of rubber contact dermatitis,			
3) Hepatic toxicity (including hepatic failure resulting in transplantation or death)			
PREGNANCY AND BREASTFEEDING			
1) Pregnancy: Safe use in pregnancy has not been established. Use only when the probable benefits outweigh the possible risks.			
2) Nursing mothers: Unknown whether disulfiram is excreted in human milk; avoid in nursing mothers			

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DRUG INTERACTIONS OF MAJOR SIGNIFICANCE			
1) Phenytoin			
2) Warfarin			
3) Isoniazid			
SPECIAL POPULATIONS			
1) Use with caution in those with diabetes mellitus, hypothyroidism, epilepsy, cerebral damage, chronic and acute nephritis, hepatic cirrhosis or insufficiency due to the possibility of an accidental disulfiram-alcohol reaction			
2) Pediatric use: Safety and effectiveness in pediatric patients have not been established			
3) Geriatric use: Use with caution; start dosing at the low end of the dosing range			
ADVERSE REACTIONS			
1) Optic neuritis, peripheral neuritis, polyneuritis, and peripheral neuropathy			
2) Hepatitis (cholestatic and fulminant)			
3) Hepatic failure			
4) Skin eruptions, allergic dermatitis, acne			
5) Drowsiness, fatigability			
6) Impotence			
7) Headache			
8) Metallic-like aftertaste			
PATIENT MONITORING			
1) Comprehensive Metabolic Panel (hepatic function, serum electrolytes) – baseline and within 2 weeks of starting therapy, then as clinically indicated			
2) Complete Blood Count – baseline and as clinically indicated			
3) Eye exam – as clinically indicated			
DOSING			
1) Disulfiram should never be administered until the patient has abstained from alcohol for at least 12 hours			
2) Alcohol use disorder – 500 mg/day for 1 to 2 weeks initially, then 250 mg daily for maintenance			