

## Meperidine (Demerol)

Meperidine (Demerol) is a strong opioid agonist that works by activating mu receptors in the central nervous system (CNS) and periphery to produce analgesia. This medication is indicated in the treatment of moderate to severe pain and post-anesthesia shivering. Side effects of meperidine include sedation, constipation, CNS depression, and tremors. This medication should be used cautiously in patients with renal failure, as metabolites can accumulate in the kidneys causing toxicity. In addition, meperidine should not be taken with MAO inhibitors, selective serotonin reuptake inhibitors, or tricyclic antidepressants, due to increased risk for serotonin syndrome, coma, and death.



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### Mechanism

#### Opioid Receptor Agonist

##### Poppy-droid Receptor Dragonist

This opioid analgesic works by activating mu opioid receptors in the CNS and periphery, producing pain relief, sedation, respiratory depression, cough suppression, and decreased intestinal peristalsis.

### Indications

#### Moderate to Severe Pain

##### Moderate to Severe Pain-bolt

Meperidine is indicated in the treatment of moderate to severe pain. Frequent dosing may be needed to relieve pain, due to the drug's short half-life.

#### Post Anesthesia Shivering

##### Post A-nest of Anesthesia Shivering

Postanesthesia shivering is a phenomenon believed to be caused by a combination of anesthesia-induced hypothermia, and exposure to the cold environment in the operating room. Meperidine is used as a first-line treatment for postanesthesia shivering, as it is effective in reducing the shivering threshold.

### Side Effects

#### Tremors

##### Trimmer

Tremors typically indicate an accumulation of a toxic metabolite called normeperidine. Other signs and symptoms of toxicity include seizures, irritability, and dysphoria.

#### Constipation

##### Corked Con-toilet

Opioid medications can decrease GI peristalsis and reduce secretion of fluids into the intestines, causing constipation. Laxatives or stool softeners can be used to prevent constipation.

## CNS Depression

### Deflated CNS-brain

Activation of mu opioid receptors can cause CNS depression, most notably, respiratory depression. Patients should be monitored closely for signs and symptoms of overdose.

## Sedation

### Sedation-dart

The use of meperidine can cause sedation and should be administered cautiously. Patients should be advised to avoid activities, such as driving while taking this medication.

## Considerations

### Short Term Administration

#### Nurse-in-Shorts Administering

To prevent toxicity, patients should take meperidine for less than 48 hours at a time. Dosing should not exceed 600mg/24hrs due to increased risk for toxicity. Because meperidine is less likely to depress fetal respiration and uterine contractions, it is often the preferred opioid for obstetric use.

### Increased Risk Serotonin Syndrome

#### Up-arrow Risk Silver-ionic Savage

When meperidine is taken with MAO inhibitors, selective serotonin reuptake inhibitors, or tricyclic antidepressants, there is excessive activation of serotonin receptors, and decreased reuptake of serotonin. As a result, there is an increased risk for serotonin syndrome, coma and death.

### Does NOT cause Miosis

#### No-sign Mice-eyes

Unlike other opioid medications, meperidine does not cause miosis, or constriction of the pupils.

### Renal Failure Increases Toxicity Risk

#### Dead Kidney Up-arrow Toxic-green-glow

Meperidine should be used cautiously in patients with renal failure, as metabolites can accumulate in the kidneys, causing toxicity.