ABOUT YOUR MEDICINE

Temazepam

Restoril, a benzodiazepine sleep medicine

Temazepam helps you fall asleep and stay asleep, and it works best as a short-term bridge rather than a nightly habit.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Trouble falling, staying asleep	At bedtime, as prescribed	About 30 minutes	Yes, your body adapts

⚠ IMPORTANT SAFETY WARNING

Mixing **temazepam** with opioids or alcohol can slow or stop your breathing. Your body comes to depend on it, so stopping suddenly can cause seizures and can be life-threatening. Only your prescriber tapers it. Store it safely; others may misuse it.

WHAT THIS MEDICINE DOES

- **Temazepam** is a benzodiazepine. It slows the brain enough to let sleep start and to keep you from surfacing all night.
- It is meant for short stretches of bad sleep, such as a few weeks, while whatever is disrupting your sleep gets sorted out.
- It does not fix why you are not sleeping. Pain, worry, sleep apnea, and late screens all need their own attention.
- Sleep coaching, called CBT for insomnia, works better over the long run and can be used together with this medicine.

HOW TO TAKE IT

- Take **temazepam** right before you get into bed, not an hour early. It works fast and you want to be lying down.
- Only take it when you can stay in bed a full **7 to 8 hours**. A short night is what leaves people groggy and unsafe.
- Swallow the capsule whole with water. Taking it right after a heavy meal can delay how quickly it works.
- If you forget it and it is already the middle of the night, skip it. Taking it late guarantees a rough morning.
- Store it out of reach of children and visitors, ideally locked up. One capsule can seriously harm a small child.

WHAT TO EXPECT

- Most people fall asleep about **30 minutes** after taking it, and it helps hold sleep for most of the night.
- Expect around **20 to 30 extra minutes** of sleep and fewer wake-ups, not a perfect, unbroken eight hours.
- The first night or two can feel unusual, with vivid dreams or heavier sleep than you are used to.
- After a few weeks of nightly use, it often works less well. That is your body adapting, not you doing it wrong.

COMMON SIDE EFFECTS

- Next-morning grogginess is the most common effect. It is worse with a short night, and worse still with alcohol.
- Feeling unsteady is common, especially if you get up at night. Turn a light on and move slowly to the bathroom.
- Dizziness or a heavy-headed feeling can carry into the day. Tell your prescriber if it is affecting your work.
- Memory can be patchy for anything that happens after you take it. Do not plan calls or decisions for that window.
- Dry mouth and mild headache happen for some. Keep water by the bed and sip rather than gulping a full glass.
- Vivid or strange dreams are common early on and usually settle down within a week or two of steady use.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Very slow or shallow breathing, blue lips, or being very hard to wake: call **911** right away.
- Sleepwalking, sleep-driving, or eating with no memory of it: stop and call your prescriber before the next night.
- A seizure, or bad shaking and confusion after missed doses: call **911**. A sudden stop can cause this.
- New or worse thoughts of hurting yourself: call your prescriber today, or call or text **988** if you might act.

WHAT TO AVOID

- Opioid pain medicine plus **temazepam** can stop your breathing. Every prescriber and pharmacist you see must know about both.
- Alcohol multiplies the grogginess and the breathing risk. Do not drink on any evening you plan to take this.
- Do not drive until you have had a full night of sleep and feel fully awake. Morning fog is easy to underestimate.
- Skip other sleep aids, including antihistamines and cannabis, unless your prescriber has cleared the combination.
- If you are pregnant, nursing, or planning a pregnancy, tell your prescriber before your next dose.

STOPPING IT SAFELY

- Never stop suddenly after regular nightly use. Your body adapts, and an abrupt stop can cause seizures that can kill.
- Expect a few rough nights when you cut back. That rebound is temporary and it is not proof you need the medicine forever.
- Your prescriber sets the taper, often trimming a little every week or two while you build steadier sleep habits.
- If you have only used it a handful of nights, stopping is simpler. Still check with your prescriber first.

QUESTIONS TO ASK

- How many nights a week is it reasonable for me to take this?
- Could sleep apnea or something else be the real problem here?
- Can I get sleep coaching, the kind called CBT for insomnia?
- How would we taper this if I have been taking it nightly?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.