

Haloperidol (Haldol)

Indication(s): Hostile/Violent Patient

Contraindications: Hypersensitivity to haloperidol. Patients with severe CNS depression. History of spastic disorders or Parkinson's disease.

Precautions: Short-Term Use - Risk of orthostatic hypotension. History of seizure disorder (↓ seizure threshold). Also use with caution in severe hepatic or renal impairment.

Drug Interactions: Reports of QT Prolongation – Review other Meds/Co-morbidities. Haloperidol may antagonize the effects of dopamine agonists such as levodopa, and vice versa. Grapefruit juice (CYP3A4 inhibitor) may result in increased toxicity of haloperidol; monitor accordingly. CYP2D6 or CYP3A4 inhibitors (e.g. fluoxetine, fluvoxamine, fluconazole, paroxetine ...) may decrease the clearance of haloperidol and potentiate its pharmacologic and adverse effects (Monitor – consider dose reduction). Additive sedative effects if used concurrently with other CNS depressants (Avoid if possible).

Adverse effects: (≥1%) Akathisia (up to 75%); sexual dysfunction (40–60%), Parkinsonism (>30%); dystonias (>16%); Agitation (>10%), drowsiness, insomnia, sedation (>2%). orthostatic hypotension (>2%). Anticholinergic side effects (e.g., dry mouth, constipation and urinary retention), particularly when used concurrently with other drugs that have anticholinergic activity (>2%).

Pharmacology: Haloperidol is a high-potency first-generation antipsychotic agent. Following IM injection, peak concentrations occur within 10–20mins, with full pharmacologic effect in 30–45min.

Dosage and Administration: Haloperidol 5mg IM/IV. Can repeat haloperidol 5mg IM/IV q10 min prn to a maximum total of 4 doses then must contact HMA. Initial Dose may be administered concurrently with midazolam 2mg IM/IV.