6.14 Haloperidol (Haldol)

Indications: 4.6 Agitated Patient.

Contraindications: Hypersensitivity to haloperidol, severe cardiac or liver disease. Patients with severe CNS depression, a history of spastic disorders, or Parkinson's.

Precautions: Caution with patients with hemodynamic instability, risk of orthostatic hypotension, history of seizure disorder, and severe hepatic or renal impairment. May alter temperature regulation. Use with caution in the elderly; observe for lethargy. Due to the fact that the elderly may lose thirst sensation, monitor for signs of dehydration. Contact EP in the event of hypotension.

Adverse effects: Hypotension, hypertension, tachycardia, arrhythmias, seizure, hypoglycemia, tremors, anxiety, spasms (oculogyric crisis), altered central temperature regulation and heat stroke, drowsiness, vertigo, headache, confusion, nausea, vomiting, dry mouth, urinary retention, bronchospasm.

Pharmacology: Onset of action (sedation) < 1 hr; duration of action = 2-4 hr; t½ (half-life) = 20 hr; time to peak = 20 min.

Dosage and administration:

Adults:

◊ 5 mg IM. May repeat x 1 dose after 10 min if required (best to wait for approx 45 min until peak biologic effect before repeating dose if possible), or

◊ 5 mg PO. May repeat x 1 dose in 1 hr then q12 hr prn. May be administered concurrently with Midazolam IM as per 4.6 Agitated Patient Protocol.

Elderly (>60 YOA):

◊ 2 mg IM. May repeat x 1 dose after 30 min if required (best to wait for approx 45 min until peak biologic effect before repeating dose if possible), or

◊ 2.5 mg PO. May repeat x 1 dose in 1 hr if required.

NB: storage note: Protect from light.