

DROPERIDOL (INAPSINE)

Drug Classification: Antipsychotic

BACKGROUND

Pharmacodynamics

Droperidol exhibits high in vitro binding affinity for dopamine, serotonin, and the alpha1-adrenergic receptors. It also exhibits moderate affinity for the histamine H1 receptor. Its mechanism of action is unknown, but is probably related to inhibition of synaptic reuptake of serotonin and norepinephrine through antagonism of dopamine and serotonin.

Indications

- Severe agitation
- Excited Delirium

Contraindications

- Prolonged QT interval
- Hypokalemia
- Hypomagnesemia
- Uncompensated congestive heart failure or history of recent myocardial infarction

Cautions

- This medication should be administered with extreme caution in the presence of risk factors for development of prolonged QT syndrome, such as:
 - Clinically significant bradycardia (< 60bpm)
 - Any clinically significant cardiac disease
 - Treatment with class I and class III antiarrhythmics such as lidocaine, procainamide, or amiodarone
 - Treatment with monoamine oxidase inhibitors (MAOIs)
 - Concomitant treatment with other drug products known to prolong QT interval
 - Electrolyte imbalance, in particular, hypokalemia and hypomagnesemia, or concomitant treatment with drugs that may cause electrolyte imbalance (I.e., diuretics)
- Not to be administered IV without medical control order.

DOSAGE and ADMINISTRATION

ADULT	PEDIATRICS (less than 60 kg)
<p><u>For moderate agitation</u></p> <p>1. Administer 5 mg IM. May repeat once in 15 minutes if needed.</p>	<p><u>For moderate agitation</u></p> <p>1. Administer 0.05 mg/kg IM. May repeat once in 15 minutes if needed.</p>

HEALTHEAST MEDICAL TRANSPORTATION
MEDICAL OPERATIONS MANUAL

ADULT	PEDIATRICS (less than 60 kg)
<p><u>For severe agitation</u></p> <p>1. Administer 10 mg IM. May administer an additional 5 mg in 15 minutes, if needed.</p> <p><u>For excited delirium</u></p> <p>Administer 10 mg IM. May administer an additional 5 mg in 15 minutes, if needed.</p>	<p><u>For severe agitation</u></p> <p>1. Administer 0.1 mg/kg IM, max single dose of 3 mg. May administer an additional 0.05 mg/kg in 15 minutes, if needed.</p> <p><u>For excited delirium</u></p> <p>1. Contact medical control for orders.</p>

ADVERSE REACTIONS/SIDE EFFECTS

- Extrapyramidal or dystonic reactions (restlessness or movement disorders)
- Drowsiness, tachycardia, orthostatic or transient hypotension, headache, dizziness, and nausea^{1,2}

NOTES

¹ Cardiac monitoring, pulse oximetry, capnography, and blood glucose monitoring required when this medication is administered.

² Careful monitoring of blood pressure is warranted when this drug is used, especially if it has been given in conjunction with a benzodiazepine.

REFERENCE GUIDELINE:

3J Behavioral Emergencies