

Droperidol (Inapsine®) – 20.125

CLASS: A

B: patients under 14 years old

PROTOCOL(S) USED IN: Altered Mental Status, Patient Restraint and Nausea/Vomiting

PHARMACOLOGY AND ACTIONS:

Droperidol is a potent tranquilizing agent. It produces marked sedation and allays apprehension. It also provides a state of mental detachment and indifference while maintaining a state of reflex alertness. Droperidol potentiates the effects of other CNS depressants. It also produces mild alpha-adrenergic blockade, peripheral vasodilatation and a reduction of the pressor effect of epinephrine and can produce hypotension. It also has an anti-emetic effect. Onset of action is from 3-10 minutes following administration and peak effect may not be apparent for up to 30 minutes. Duration is generally 2-4 hours.

INDICATIONS:

- A. Sedation of combative patients to facilitate restraint.
- B. Nausea and vomiting not responsive to ondansetron.

CONTRAINDICATIONS:

Unless directed by OLMC, do not administer droperidol in the following situations:

- A. Systolic BP < 100.
- B. Known allergy or prior reaction to droperidol.
- C. Pregnancy.
- D. Patients < 14 years old

PRECAUTIONS:

- A. Use caution when administering droperidol to patients who have taken other CNS depressant drugs (barbiturates, tranquilizers, alcohol)
- B. Droperidol may induce Torsades De Pointes. Monitor the patients ECG Q-T interval following use.
- C. Use in caution in patients with a seizure disorder or a condition that causes seizures; other similar neuroleptics are known to lower the seizure threshold. Consider use of midazolam instead.

SIDE EFFECTS AND NOTES:

- A. The most common side effects are hypotension and tachycardia which usually respond to a fluid bolus.
- B. Dysphoric (restlessness) and dystonic reactions have been reported following administration. These symptoms can be treated with the administration of Diphenhydramine.

ADULT DOSING:

Nausea & vomiting unresponsive to ondansetron -

1.25 mg IM/IV/IO. (1.25 mg = 0.5 ml based on a 5 mg/ 2 ml package)

Patient restraint -

2.5 – 10 mg IM/IV. Dosing per Behavioral Severity Index (BSI) treatment algorithm.

PEDIATRIC DOSING:

Contact OLMC for patients < 14 years old