

## HALOPERIDOL:

**Class:** Typical Antipsychotic

**Indications:** Management of schizophrenia; control of tics and vocal utterances of Tourette's disorder in children and adults; severe behavioral problems in children, Treatment of nonschizophrenia psychosis; may be used for the emergency sedation of severely-agitated or delirious patients; treatment of ICU delirium; adjunctive treatment of ethanol dependence; postoperative nausea and vomiting (alternative therapy); psychosis/agitation related to Alzheimer's dementia.

**Available dosage form in the hospital:** TAB(5MG, 10MG), AMP(5MG/ML), HALOPERIDOL DECANOAS 50MG/ML AMP, HALOPERIDOL DECANOATE 100MG INJ, 2MG/ML ORAL DROPS

**Trade Names:**

**Dosage:**

### **-Psychosis:**

- Oral: 0.5-5 mg 2-3 times/day; usual maximum: 30 mg/day
- I.M. (as lactate): 2-5 mg every 4-8 hours as needed
- I.M. (as decanoate): Initial: 10-20 times the daily oral dose administered at 4-week intervals. Maintenance dose: 10-15 times initial oral dose; used to stabilize psychiatric symptoms

**-Delirium in the intensive care unit, treatment (unlabeled use, unlabeled route):** **Note:** The optimal dose and regimen of haloperidol for the treatment of severe agitation and/or delirium has not been established. Currently, there are no studies evaluating the role of haloperidol on duration or severity of delirium. Haloperidol has been used for symptomatic treatment (severe agitation) of delirious patients. Current guidelines do not advocate use of haloperidol for the treatment or prevention of delirium due to insufficient evidence (Barr, 2013).

**\*\*I.V.:** Initial: 0.5-10 mg depending on degree of agitation; if inadequate response, may repeat bolus dose (with sequential doubling of initial bolus dose) every 15-30 minutes until calm achieved, then administer 25% of the last bolus dose every 6 hours; monitor ECG and QT<sub>c</sub> interval. After the patient is controlled, haloperidol therapy should be tapered over several days. This strategy is based upon expert opinion; efficacy and safety have not been formally evaluated (Tesar, 1988).

**Note:** QT<sub>c</sub> prolongation may occur with cumulative doses  $\geq 35$  mg per day and the risk of torsade de pointes is greater if  $\geq 35$  mg is received within  $< 6$  hours (Sharma, 1998). Continuous infusions have also been used with doses in the range of 0.5-2 mg/hour with an optional loading dose of 2.5 mg (Reade, 2009).

**-Delirium in the intensive care unit (patients at high risk of delirium), prevention (unlabeled use, unlabeled route):** **Note:** The optimal dose and regimen of haloperidol for prevention of ICU delirium has not been established. Current guidelines do not advocate use of haloperidol for the treatment or prevention of delirium due to insufficient evidence (Barr, 2013). Haloperidol may decrease the incidence of delirium (Van den Boogaard, 2012; Wang, 2012).

**\*I.V.:** 0.5 mg followed by a continuous infusion of 0.1 mg/hour for 12 hours (Wang, 2012) **or** 0.5-1 mg every 8 hours (Van den Boogaard, 2012)

**-Rapid tranquilization of severely-agitated patient (unlabeled use; administer every 30-60 minutes):**

- Oral: 5-10 mg
- I.M. (as lactate): 5 mg
- Average total dose (oral or I.M.) for tranquilization: 10-20 mg

**-Postoperative nausea and vomiting (PONV) (unlabeled use):** I.M., I.V.: 0.5-2 mg (Gan, 2007)

### **Geriatric**

Nonpsychotic patient, dementia behavior (unlabeled use): Initial: Oral: 0.25-0.5 mg 1-2 times/day; increase dose at 4- to 7-day intervals by 0.25-0.5 mg/day. Increase dosing intervals (twice daily, 3 times/day, etc) as necessary to control response or side effects.

**Renal Impairment:**

No dosage adjustment provided in the manufacturer's labeling.  
Hemodialysis/peritoneal dialysis: Supplemental dose is not necessary.

**Hepatic Impairment:**

No dosage adjustment provided in manufacturer's labeling.

**Common side effect:**

Cardiovascular: Abnormal T waves with prolonged ventricular repolarization, arrhythmia, hyper-/hypotension, QT prolongation, sudden death, tachycardia, torsade de pointes

Central nervous system: Agitation, akathisia, altered central temperature regulation, anxiety, confusion, depression, drowsiness, dystonic reactions, euphoria, extrapyramidal reactions, headache, insomnia, lethargy, neuroleptic malignant syndrome (NMS), pseudoparkinsonian signs and symptoms, restlessness, seizure, tardive dyskinesia, tardive dystonia, vertigo

Dermatologic: Alopecia, contact dermatitis, hyperpigmentation, photosensitivity (rare), pruritus, rash

Endocrine & metabolic: Amenorrhea, breast engorgement, galactorrhea, gynecomastia, hyper-/hypoglycemia, hyponatremia, lactation, mastalgia, menstrual irregularities, sexual dysfunction

Gastrointestinal: Anorexia, constipation, diarrhea, dyspepsia, hypersalivation, nausea, vomiting, xerostomia

Genitourinary: Priapism, urinary retention

Hematologic: Agranulocytosis (rare), leukopenia, leukocytosis, neutropenia, anemia, lymphomonocytosis

Hepatic: Cholestatic jaundice, obstructive jaundice

Ocular: Blurred vision

Respiratory: Bronchospasm, laryngospasm

Miscellaneous: Diaphoresis, heat

**Pregnancy Risk Factor: C**