

DROPERIDOL (INAPSINE)

Droperidol is a butyrophenone closely related to haloperidol. Droperidol produces a dopaminergic blockage, a mild alpha-adrenergic blockage, and causes peripheral vasodilation. Its major actions are sedation, tranquilization, and potent anti-emetic effect.

Indications

- Primary use for management of agitated/combative patients. Especially useful as alternative sedative in patient's with possible schizophrenia or similar.
 - Hyperactive delirium with severe agitation.
 - Second line medication for management of intractable vomiting.
 - Combative head injured patients
-

Contraindications

- Suspected myocardial infarction
 - Hypotension
 - Respiratory or CNS depression
 - Pregnancy
 - Children <8 years old
-

Onset and Duration

- Onset: within 3-10min after IM administration
 - Duration: 2-3hrs
-

Side Effects

- Butyrophenones may cause hypotension, tachycardia, and prolongation of the QT interval. Use with caution in severe cardiovascular disease. Use with caution with co-administration of other QT-prolongation causing medications (Zofran).
- Cardiac monitor and establish an IV as soon as possible with all administrations.
- Some patients may experience unpleasant sensations manifested as restlessness, hyperactivity, or anxiety following Butyrophenone administration.
- Rare instances of neuroleptic malignant syndrome (very high fever, muscular rigidity) have been known to occur after the use of droperidol

DROPERIDOL (INAPSINE)**Dosage and Administration**

Severe Agitation:

Adults: 5mg IM or slow IV push

Adults over 65yo: 2.5mg IM

Intractable Nausea and Vomiting

Adults: 2.5mg slow IV push

Call base for additional doses. Consider additional doses if no effects within 10min. Advanced practice paramedics may give 1 additional dose (10mg total) prior to base contact.

Protocol

- Agitated/Combative Patient Protocol
 - Psychiatric/Behavioral Protocol
 - Vomiting
-

Special Considerations

- Extra-pyramidal reactions have been noted hours to days after treatment, usually presenting as spasm of the muscles of the tongue, face, neck, and back. This may be treated with diphenhydramine.
- Hypotension and tachycardia secondary to Butyrophenone are usually self-limiting and should be treated with IV fluid bolus.
- Use reduced dose in patients age ≥ 65
- Droperidol can be very effective in treating cannabinoid hyper-emesis/cyclical vomiting syndrome and intractable nausea and vomiting.