



19. HALOPERIDOL (HALDOL)

a) Pharmacology

- (1) An effective anxiolytic agent. Very effective in the management of aggressive and violent patients.
- (2) Also has anti-emetic properties. Useful in the management of severe nausea and vomiting.
- (3) Weak anticholinergic (atropine-like) and alpha-blocking agent (vasodilation).

b) Pharmacokinetics

Onset of action is within 10 minutes of the IM administration.


c) Indications

Chemical restraint for violent, agitated, and aggressive patients who present a danger to themselves or to others and who cannot be safely managed otherwise. Most violent/agitated patients can be handled with verbal or physical restraint alone.

d) Contraindications

- (1) Children under 5 years of age
- (2) Parkinson's disease
- (3) CNS depression
- (4) Acute CNS injury
- (5) Excited delirium

e) Adverse Effects

- (1)  Extrapyramidal symptoms (dystonic reaction) are the most common side effects. These are generally not encountered with short-term use. In the event that they should develop, a single dose of diphenhydramine 25–50 mg (1 mg/kg for pediatrics to a max of 25 mg) will generally relieve symptoms.
- (2) Hypotension and tachycardia are common (20–25%) but usually self-limiting side effects. Fluid bolus is indicated with a significant drop blood pressure or hypotension.
- (3) Haloperidol has been known to cause torsades de pointes ventricular tachycardia. Once the patient has been medicated, place the patient on a cardiac monitor and monitor for dysrhythmias.