HALOPERIDOL
For palliative care use only

1.0 Classification
• Antipsychotic and antiemetic

2.0 Mechanism of Action
• Non-selectively binds to various dopamine and adrenergic receptors in the brain which causes interference with neurotransmission and hormone release affecting wakefulness, vasomotor tone and emesis.

3.0 Indications
• In the palliative care population for:
  ▪ Delirium
  ▪ Nausea and vomiting secondary to bowel obstruction

4.0 Contraindications
• Known hypersensitivity
• Severe CNS depression

5.0 Precautions
• Use with caution in patients with cardiovascular disease as it may cause orthostatic hypotension
• Use with caution in patients with known seizure disorder as it may lower the seizure threshold
• Use with caution with patients with known hepatic or renal impairment

6.0 Route
• May be given Subcut

7.0 Dosage
Adult
• Nausea and vomiting: 0.5-1.0 mg Subcut
• Delirium: (Mild) 0.5-1.0 mg Subcut; (Moderate) 2.0-2.5 mg Subcut; (Severe) 2.5-5.0 mg Subcut

Pediatric
• Not recommended for use in patients under the age of 18 unless specifically identified to be used in their written palliative care plan or special patient protocol.

8.0 Supplied
• 5 mg in 1 ml vial

9.0 May Be Given By
• ACP/CCP (after consultation with OLMC)

10.0 Adverse effects
• Prolonged QT associated with torsades des pointes
• Extrapyramidal symptoms such as dystonia, muscle rigidity, etc.
  ▪ If signs of extrapyramidal reaction appear, consult CSD/OLMC consider administering 25 mg IV/Subcut diphenhydramine

11.0 Special notes
• Due to this medication's risks of negative cardiac events, it is used only in the palliative setting
• Haloperidol may be used as a second-line agent in the setting of other causes of nausea and vomiting
• Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

12.0 References
• Palliative Care Clinical Practice Guideline
• Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed
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