



## REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**chlorproMAZINE**

<b>Effective Date:</b> May 2013 <b>Revised Date:</b> Nov13-2013	CLASSIFICATION <b>Antipsychotic</b> <b>Antiemetic</b>	OTHER NAMES <b>Largactil</b>	PAGE 1 of 1
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**ADMINISTRATION POLICY:**

IV Injection - *Not recommended*  
 IV Infusion - May be administered by a nurse  
 IM Injection - May be administered by a nurse – *Preferred route*

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

**Available as:** 25 mg/mL

**IV Intermittent:** Dilute dose in 100 mL normal saline and administer over 30 to 60 minutes

**IM Injection:** Administer slowly and deeply into a large muscle mass.

**Maximum rate:** 1 mg/minute  
**Maximum concentration:** 1 mg/mL

**DOSAGE:**

**Usual:** 10 to 50 mg IV/IM every 4 to 8 hours as needed

**Maximum single dose:** 400 mg  
**Maximum daily dose:** 1000 mg

**STABILITY/COMPATIBILITY:**

**Stability of Final Admixture:** 24 hours at room temperature

**Compatibility:** Normal saline, D5W, dextrose-saline combinations and Lactated Ringer.

**PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**

- Pain at the injection site.
- Orthostatic hypotension (tachycardia, dizziness, syncope). May be more pronounced with rapid IV administration.
- Drowsiness, confusion, lowers seizure threshold.

**ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**

- To minimize orthostatic hypotension, patients must be supine during and for at least 30 minutes after intravenous administration.
- Monitor blood pressure during IV administration
- May potentiate action of other CNS depressants
- Elderly patients: More prone to extrapyramidal reactions (dystonia, akathisia, and Parkinsonian symptoms), orthostatic hypotension and confusion.