



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
haloperidol

Effective Date: Dec 2012	CLASSIFICATION Antipsychotic, “Tranquilizer”	OTHER NAMES Haldol	PAGE 1 of 2
Revised Date: May 9 2018			

ADMINISTRATION POLICY:

- IV Bolus - May be administered by nurse
- IM Injection - May be administered by nurse
- Subcutaneous - May be administered by nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 5 mg/mL – 1 mL ampoules
NOTE: Manufacturer labeled for “IM only” but may also be given intravenously

IV Bolus: Undiluted over 1 to 4 minutes
IM: Administer undiluted

Maximum rate: 5 mg/min
Maximum concentration: IV Bolus: 5 mg/mL

DOSAGE:

Usual: **IM/IV:** 0.5 to 5 mg every 4 to 8 hours as needed.

Maximum single dose: 20 mg
Maximum daily dose: Critical Care: 300 mg
 Non-Critical Care areas: 50 mg

STABILITY/COMPATIBILITY:

Stability of Diluted Solution: Stable 24 hours at room temperature

Compatibility: Compatible with D5W
 Compatible with normal saline at concentrations less than 1 mg/mL

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Avoid use in patients with Parkinson’s Disease, severe CNS depression, and severe cardiac disease
- May lower seizure threshold. Use with caution in patients with seizure disorders.
- May potentiate other central nervous system depressants
- Use with caution in patients with seizure disorders, thyrotoxicosis, hemodynamic instability
- CVS: hypotension (severe cases may be treated with norepinephrine or phenylephrine – NOT epinephrine), tachycardia, torsade de pointes
- IV administration has been associated with QT prolongation and the manufacturer recommends ECG monitoring for QT prolongation and arrhythmias
 - QT prolongation - Risk increased with higher doses and in patients with additional risk factors (e.g. hypokalemia, hypomagnesemia, underlying cardiac abnormalities, concomitant medications associated with QT prolongation).
- Extrapiramidal reactions especially with high doses
- Avoid antipsychotics for behavioral problems associated with dementia or delirium unless alternative non-pharmacologic therapies have failed and patient may harm self or others
- Anticholinergic effects: dry mouth, blurred vision, urinary retention, constipation
- Monitor blood pressure and pulse



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ADDITIONAL NOTES AND NURSING CONSIDERATIONS:			
<ul style="list-style-type: none">• ELDERLY PATIENTS:<ul style="list-style-type: none">▪ Beers Criteria as potentially inappropriate medications to be avoided in patients 65 years and older with dementia due to an increased risk of mortality, cerebrovascular accidents (stroke), and a greater rate of cognitive decline with use.▪ Use may be appropriate in geriatric patients with schizophrenia, bipolar disorder, or for short-term use as an antiemetic during chemotherapy.▪ Antipsychotics should be used with caution in older adults due to their potential to cause or exacerbate syndrome of inappropriate antidiuretic hormone secretion (SIADH) or hyponatremia; monitor sodium closely with initiation or dosage adjustments in older adults.• Haloperidol decanoate (Haldol LA) is the long-acting depot medication used for treatment of chronic psychosis and can only be give IM at a usual dose of 50 - 300 mg every 2 - 4 weeks.			