## ADULT MEDICATION GUIDELINE
### HALOPERIDOL

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>All WNHS Staff</th>
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<tbody>
<tr>
<td>Scope (Area):</td>
<td>Obstetrics and Gynaecology</td>
</tr>
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This document should be read in conjunction with the [Disclaimer](#).

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### Restrictions

Formulary: Restricted

### Medication Class

Antipsychotics (Antipsychotic agent)

### Presentation

**Oral:**

*Tablet*: 500 microg, 5 mg

**Short-acting Injection:**

*Ampoule*: 5 mg/mL

### Storage

Store below 25 °C. Do not refrigerate or freeze.
Protect from light.

### Dose

Refer to KEMH Clinical Guideline: [Palliative care](#)

**Control of Nausea and Vomiting (Palliative Care)**

**Oral:** 0.5–1 mg at night or twice a day
Nausea and Vomiting caused by Bowel Obstruction (Palliative Care):

**Short-acting injection, Continuous subcut infusion:**
1 - 2.5mg in 24 hours

**Short-acting injection, Intermittent subcut injection:**
0.5 – 1mg BD, and 0.5 – 1mg every 4 hours as required. Maximum of 5mg daily.

**Administration**
Refer to the [Australian Injectable Drugs Handbook](#)

**Monitoring**
Monitor vital signs when given by IM or IV injection. Resuscitation facilities must be readily available.

May prolong QT interval. Baseline ECG is recommended. Continuous cardiac monitoring is recommended if repeated doses are given.

Monitor for EPSE (Extrapyramidal side effects)

Sedation level

Weight, BP, Serum lipids, BGLs, Smoking status

Refer to [NPS Antipsychotic Monitoring Tool](#) for further monitoring advice.

**Pregnancy**

1st Trimester: Monitoring required
2nd Trimester: Monitoring required
3rd Trimester: Monitoring required

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

**Breastfeeding**

Monitoring required

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

**Comments**
Haloperidol not considered first-line in WNHS management of Acute Health Related Behavioural Disturbance/ Psychoses. Refer to clinical guideline: [Management of Mental Health Emergency](#)

Monitoring is important for this medication with emphasis placed on the possibility of EPSE, prolonged QT intervals, sedation (especially in combination with other sedating agents)
Smoking may cause haloperidol to be metabolised differently in the body – dose adjustment may be required should the patient start or stop smoking whilst on this medication.

### Related Policies, Procedures & Guidelines

**HDWA Mandatory Policies:**
- Mental Health Charts

**WNHS Clinical Practice Guidelines:**
- Palliative care
- Management of Mental Health Emergency
- Pre-operative Medication Management

**WNHS Pharmaceutical and Medicines Management Guidelines:**
- Medication Administration

### References


Haloperidol

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<th>Keywords</th>
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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