



ADULT MEDICATION GUIDELINE						
HALOPERIDOL						
Scope (Staff):	All WNHS Staff					
Scope (Area):	Obstetrics and Gynaecology					

This document should be read in conjunction with the **Disclaimer**.

# **Quick Links**

DoseAdministrationMonitoringPregnancy and Breastfeeding

## 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

Australian Medicines Handbook. Haloperidol. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2023 [cited 2023 Feb 07]. Available from: https://amhonline.amh.net.au/

Therapeutic Guidelines. Psychological symptoms in palliative care: Delirium in palliative care. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2021 [cited 2023 Feb 07]. Available from: https://tgldcdp-tg-org-au.kelibresources.health.wa.gov.au/etgAccess

The Royal Women's Hospital. Haloperidol. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2023 [cited 2023 Feb 07]. Available from: https://thewomenspbmg.org.au/

Society of Hospital Pharmacists of Australia. Haloperidol. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2022 [cited 2023 Feb 07]. Available from: http://aidh.hcn.com.au

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