



ADULT MEDICATION GUIDELINE

Olanzapine

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

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Medication Class

Antipsychotics

Presentation

Tablet: 2.5mg, 5mg, 7.5mg, 10mg

Orally Dispersible Tablet (ODT): 5mg

Wafer: 5mg, 10mg

Vial: 10mg (powder for reconstitution)

Storage

Store at room temperature, below 25°C, protect from moisture

Wafer and ODT: Store in original packaging to protect from light and moisture

Vial: Solution following reconstitution of vial can be stored for ONE hour, protect from light

Dose

Bipolar disorder (with lithium or valproate), Schizophrenia and Related Psychoses

Oral:

Range is 5-20mg once daily.

Elderly, renal/hepatic impairment, orthostatic hypotension likely: Start with 5mg once daily

Long-Acting IM (once oral dose stable):

Dose is dependent on previous oral dose. Range is 150-300mg every two weeks or 300-405mg every four weeks.

Agitation in schizophrenia or acute mania

Short-acting IM: (*Under direction or by psychiatrist or emergency medicine physician ONLY*)

5-10mg. If necessary, dose may be repeated at 2 and 6 hours after initial dose. Maximum 30mg in 24 hours.

Administration

Oral (ODT/Wafer)

Consume tablet immediately once it is removed from blister unit (do not push tablet through, pull back foil on blister). Tablets disintegrate in the mouth and can be swallowed subsequently with saliva or with liquid.

IM (short and long acting)

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

Monitoring

Weight, BP, serum lipids, BGLs, ECG (for QT interval prolongation), smoking status. For more information refer to: [NPS Antipsychotic Monitoring Tool](#)

Dose reduction may be required for people with renal or hepatic impairment.

Short-acting injection

Monitor for cardiovascular effects, such as hypotension, for 2 hours after each IM injection; avoid a subsequent dose if orthostatic hypotension is present.

Do not use benzodiazepines or other CNS depressants with IM olanzapine because of increased risk of cardiorespiratory depression, hypotension and bradycardia.

Pregnancy

1st Trimester: Monitoring required

2nd Trimester: Monitoring required

3rd Trimester: Monitoring required

Breastfeeding

Considered safe to use

Related Policies, Procedures & Guidelines

NMHS Mental Health Area Wide Guideline:

[Medication: Intramuscular Administration of Long-Acting Antipsychotics](#)

WNHS Clinical Practice Guidelines:

[Childbirth and mental Illness Clinic \(CAMI\)](#)

[Women's and Perinatal Mental Health Referral and Management](#)









[Management of Mental Health Emergency](#)

References

Australian Medicines Handbook. Olanzapine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2021 [cited 2022 Jan 12]. Available from: <https://amhonline.amh.net.au/>

The Royal Women's Hospital. Olanzapine. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2021 [cited 2022 Jan 12]. Available from: <https://thewomenspbmg.org.au/>

SHPA. Australian Injectable Drugs Handbook, 8th Edition [Internet]. Collingwood, Victoria. SHPA. 2021[cited 2022 Jan 12]. Available From: <https://aidh-hcn-com-au.kelibresources.health.wa.gov.au/browse/o/olanzapine>

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