This document is for reference only. Please refer to SWO's for specific indications, dosages, and applications

RX

Drug Name: **Droperidol**

Trade Name: **Inapsine, Droleptan**

REVISED: **November 1, 2021**

Class:

- Neuroleptic (tranquilizer)
- Anti-Emetic
- Anti-Psychotic (Butyrophenone Class)

Mechanism of Action:

- Dopamine receptor blockade in brain, predominantly dopamine-2 receptors
- Anti-serotonergic

Indications:

- Nausea/Vomiting

Contraindications:

- Prior sensitivity or adverse reaction
- Hypotension (uncorrected)
- Long/Prolonged QT syndrome
- Significant CNS depression
- Parkinson's
- Prior EPS

Precautions:

- Use of CNS depressants
- Bradycardia
- Pediatrics
- Renal Failure
- Drugs that prolong QT interval
- Use of other Butyrophenone Class medications (i.e. Haldol)

Dosage:

Adults:

Nausea/Vomiting

- **IV/IO:** IV/IO: 0.625 mg – 1.25 mg, repeat every 5-10 minutes PRN, max total dose 5 mg
- **IM:** 2.5 mg, repeat once in 5-10 minutes PRN, max total dose 5 mg

Pediatrics: Not currently approved for pediatrics in ACCESS SWOs

Onset:

- IV/IO: 1-2 min
- IM/SQ: 3-10 Minutes, Peak in 20-30 minutes

Duration:

- IV/IM/SQ: 5-10 min

Side Effects:

- CNS depression
- Extrapyramidal Symptoms (EPS)

REFERENCE ONLY

DRUG: Droperidol

RX

This document is for reference only. Please refer to SWO's for specific indications, dosages, and applications

DRUG: Droperidol

- May prolong QT at very high doses

Interactions:

- May potentiate CNS depression, particularly with alcohol and benzodiazepines
- May prolong QT interval when administered in very high doses or other medications that also prolong QT interval (i.e. Amiodarone, TCAs)

PEARLS:

- **Overall Drug Class:** Droperidol (Inapsine) is a first-generation antipsychotic in the butyrophenone class, similar to haloperidol. Therefore, it has many of the risks (sedation, EPS, etc.) that Haldol does.
- **QT Prolongation:** The risk of QT prolongation is minimal at low doses typically used by EMS; however, the astute provider should be cautious when administered in a patient who is already at risk for QT prolongation due to other medications or pathology. Droperidol should be deferred in patients who have a history or who have a prolonged QT.
- **Pediatrics**: While Droperidol has been used in older pediatrics (> 8 years of age) it is not currently approved in the ACCESS protocols due to the risk of significant sedation.
- **Hypotension:** Mild to moderate hypotension and occasionally (reflex) tachycardia has been observed following the administration of Droperidol. This reaction usually subsides spontaneously. However, should hypotension persist, the possibility of hypovolemia should be considered, and appropriate fluid replacement administered.
- **Elderly:** Observational studies suggest that elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Risk factors that may predispose this patient population to increased risk of death when treated with antipsychotics include
    - age > 80 years,
    - sedation,
    - concomitant use of benzodiazepines,
    - concomitant of CNS depressants (i.e., Alcohol, etc.)
    - presence of pulmonary conditions (e.g., pneumonia, with or without aspiration).