AUTHORIZED BY: CPC Quality of Care Committee
ISSUE DATE: February 2020
CATEGORY: PCP/ACP Medications
TITLE: **HALOPERIDOL**

Other Names:
- Haldol

Classifications:
- First Generation (Typical) Antipsychotic, Antiemetic

Pharmacodynamics:
- Haloperidol is a butyrophenone derivative, classified as a high-potency first-generation antipsychotic agent. Haloperidol exhibits high affinity for dopamine D_2 receptors, which is the theoretical basis for its antipsychotic activity and EPS. Haloperidol exhibits weak anticholinergic activity; its antiemetic effect has been attributed to dopamine blockade in the chemoreceptor trigger zone.

Onset:
- SC : 10-15 minutes
- IV : 3 -20 minutes (ACP Only)
- CVAD: 3- 20 minutes (ACP Only)

Peak:
- SC : ~30 minutes
- IV : ~30 minutes (ACP Only)
- CVAD : ~30 minutes (ACP Only)

Duration:
- Approximately 3- 24 hours

Indications:
- Patient aged ≥18 registered in palliative care program
  And
  Increasing agitation or suspected new or increased hallucinations
  Or
  Nausea and/or vomiting

Contraindications:
- Allergy or Hypersensitivity to haloperidol
- Known Parkinson's or Lewy Body Dementia
- Neuroleptic Malignant Syndrome

Precautions:
- Cardiovascular: Torsades de pointes, QT_c prolongation and sudden death have occurred in patients taking haloperidol
- Tardive Dyskinesia (TD): The use of haloperidol has been associated with the chronic, potentially irreversible movement disorder, tardive dyskinesia (TD).
- Neuroleptic Malignant Syndrome (NMS): This potentially fatal syndrome characterized by muscle rigidity, fever/hyperthermia, autonomic instability (blood pressure, pulse) and fluctuating levels of consciousness, can occur in patients taking haloperidol and other antipsychotics
- Geriatrics: There is an increased risk of death with use of first- or second-generation antipsychotics in geriatric patients with dementia-related psychosis

Adverse Reactions:
- Haloperidol is a high-potency first-generation antipsychotic; therefore, most serious adverse effects are dopaminergic in nature (e.g., EPS, hyperprolactinemia, TD, NMS).

Drug Interaction:

- Haloperidol is a major substrate of CYP3A4 and CYP2D6, and a minor substrate of CYP1A2. It can moderately inhibit the activity of CYP2D6, and to a lesser extent CYP3A4 and p-glycoprotein.

Clinical & Special Considerations:

- Haloperidol should be used as the first line agent for the treatment of agitation and hallucinations. Midazolam can be used in patients with contraindications to Haloperidol.
- Although haloperidol is not approved by Health Canada for IV administration, the IM product may be given IV.
- SC (palliative care).
- Dimenhydrinate is rarely used in the palliative care population as it can cause delirium, increase drowsiness, and does not target the appropriate receptors to control the nausea in most patients. It should only be used in patients with contraindications to haloperidol where ondansetron cannot be used.

Image & Preparations:

- 5 mg/ml, 1 ml vial

References:

- Lexicomp 2020 http://online.lexi.com
- Compendium of Pharmaceuticals and Specialties 2020(CPS)
- Special Project Palliative Care Medical Directive
- *https://www.e-therapeutics.ca/search*
- THE OTTAWA HOSPITAL PARENTERAL DRUG THERAPY MANUAL Fortieth Edition

NOTE: The information contained herein does not supersede or negate the MoHLTC Provincial Advanced Life Support Patient Care Standards and should only serve as general information about the medication itself. For medication dosages, please refer to the current version of the Ontario Provincial ALS Patient Care Standards.