

	M34 - HALOPERIDOL (HALDOL)	
	Version date: 2025-02-15	Effective date: 2025-04-30 (07:00)

INDICATIONS

- Acute agitation or combative behavior where the safety of the patient, health care providers and the public at large is or may be at risk

WARNINGS

ABSOLUTE CONTRAINDICATIONS:

- Known or suspected neuroleptic malignant syndrome
- Uncorrected hypotension / hypoperfusion / shock
- Known prolonged QT
- Agitation from a hypoglycemia or hypoxemia ¹

USE WITH CAUTION:

- Postictal delirium
- Myasthenia gravis

ADMINISTRATION

INTRAMUSCULAR

ICP / ACP

ADULTS OVER 75 YEARS: ²

- Administer 2.5 to 5 mg
- Repeat 2.5 to 5 mg every 30 minutes as required up to two more times
- Cumulative maximum dose = 15 mg

ADULTS UP TO 75 YEARS:

- Administer 10 mg
- Repeat 5 to 10 mg every 15 to 30 minutes as required up to two more times
- Cumulative maximum dose = 30 mg

ADOLESCENTS:

- Administer 0.5 mg/kg (maximum per dose = 5 mg)
- Repeat 0.25 to 0.5 mg/kg (maximum per dose = 5 mg) every 15 to 30 minutes as required up to two more times
- Cumulative maximum dose = 15 mg

INTRAVENOUS (INTRAOSSEOUS)

ICP / ACP

ADULTS OVER 75 YEARS: ²

- Administer 2.5 to 5 mg by slow push over 2 to 5 minutes
- Repeat 2.5 to 5 mg every 15 to 30 minutes as required
- Cumulative maximum dose = 15 mg

ADULTS:

- Administer 10 mg by slow push over 1 to 2 minutes
- Repeat 5 to 10 mg every 15 minutes as required up to two more times
- Cumulative maximum dose = 30 mg

ADOLESCENTS:

- Administer 0.5 mg/kg (maximum per dose = 5 mg) over 1 to 2 minutes
- Repeat 0.25 to 0.5 mg/kg (maximum per dose = 5 mg) every 15 minutes as required up to two more times
- Cumulative maximum dose = 15 mg

NOTES

1. Always treat correctable underlying causes of agitation or combative behavior, such as hypoglycemia or hypoxemia, before administering sedating medications.
2. Older patients may be more prone to excess sedation and extrapyramidal side effects (EPSE). Use lower single and cumulative doses, and administer at slower rates.
3. Haloperidol reduces the effect of dopamine in the brain and may cause EPSE, such as acute dystonias. These are more common in younger and male patients, , especially with multiple doses. Benztropine may be required to reverse these.

LINKS

- E02 - Agitation

APPROVED BY


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VERSION CHANGES (refer to X08 for change tracking)

- Addition of advanced work scope
- Revised dosing & cautions / contraindications