



## EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



EMS SECTION

Approved 9/12/18, Effective 1/15/19, replaces all prior versions

### 16T – HALOPERIDOL (HALDOL®)

#### PARAMEDIC

**Class:** Antipsychotic

**Therapeutic Action/Pharmacodynamics:** Haloperidol is a potent, long – acting antipsychotic agent. While its exact mechanism is unclear, it appears to block the dopamine receptors in the brain associated with mood and behavior. It exerts strong antiemetic effects and impairs central thermoregulation. It also produces weak central anticholinergic effects and transient orthostatic hypotension

**Indications:** Chemical Restraint (7C)

**Contraindications:** Known hypersensitivity  
Behavioral disorder etiology easily reversed (eg. hypoglycemia)  
Minor degrees of agitation  
Parkinson's disease  
Known seizure disorders (lowers seizure threshold)

CNS depressants, opiates, and alcohol may increase the CNS depression effect of haloperidol. Use with caution in elderly or debilitated patients due to exaggerated effect. Safe use in pregnancy has not been established, though in the indicated setting, benefit outweighs risks.

**Pharmacokinetics:** Onset is within 10-20 minutes IM; peak effect in 30-45 minutes; duration is 3+ hours, reported up to 35 hours.

**Side Effects:** CNS depression, seizure, dystonic reactions, dry mouth, blurry vision, bronchospasm, tachycardia, hypertension, hypotension, dysrhythmias, hyperpyrexia, diaphoresis, urinary retention.

**Dosage:** **Chemical Restraint - Adult (7C)**  
5 mg IM (use deep IM injection in large muscle - lateral thigh if possible)

**Chemical Restraint - Pediatric (7C)**  
**\*\* OLMC Order Only**

**How Supplied:** 5 mg/1 mL vial.  
(Always check concentration and dose per container at time of patient medication administration)

**Special Comments:** In emergency situations where the patient's behavior poses an immediate risk to rescuers and bystanders, the IM injection may be given through the patient's clothing to minimize risk of needlestick injuries to rescuers. Dystonic reactions are common with haloperidol; diphenhydramine should be readily available - see Protocol 6F - Dystonic Reactions.