



# Drug Therapy Protocols: Loperamide

<b>Policy code</b>	DTP_LOP_0223
<b>Date</b>	February, 2023
<b>Purpose</b>	To ensure a consistent procedural approach to loperamide administration.
<b>Scope</b>	Applies to all Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless specifically mentioned.
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# Loperamide

February, 2023

## Drug class

Antidiarrhoeal<sup>[1,2]</sup>

## Pharmacology

Loperamide activates opioid receptors in the gut wall, decreasing bowel motility and increasing fluid absorption.<sup>[1,2]</sup>

## Metabolism

Hepatic

### Indications

- **Acute diarrhoea** (Disaster Assistance Response Team members only)

### Contraindications

- Adverse drug reaction to loperamide
- Suspected intestinal obstruction

### Precautions

- Nil

### Side effects

- Constipation
- Abdominal pain **AND/OR** bloating

## Presentation

- Tablet, 2 mg *loperamide*

Onset	Duration	Half-life
1–3 hours	1–2 days	10 hours

## Special notes

- This initial dose of loperamide is 4 mg (PO), all subsequent doses are 2 mg (PO) up to a total maximum daily dose of 16 mg.
- Under no circumstance is loperamide to be used for > 48 hours – medical review required.

## Schedule

- S2 (Therapeutic poisons).

## Routes of administration

Per oral (PO)



## Adult dosages<sup>[1-2]</sup>

**Acute diarrhoea** (Disaster Assistance Response Team members only)

ACCP <sup>2</sup>	CCP	PO	4 mg Single dose only.
			Must not be administered within 4 hours of previous loperamide administration. <b>Total maximum dose 16 mg in 24 hours.</b>

## Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.

## Paediatric dosages

**Note:** QAS officers are **NOT** authorised to administer loperamide to paediatric patients.