



Drug Therapy Protocols: Droperidol

Policy code	DTP_DRO_0722
Date	July, 2022
Purpose	To ensure a consistent procedural approach to droperidol administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
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Droperidol

July, 2022

Drug class

Antipsychotic^[1,2]

Pharmacology^[1]

Droperidol is a antipsychotic drug from the butyrophenone group that produces sedation.

Metabolism^[1]

Hepatic metabolism with biliary/renal excretion as inactive metabolites.

Indications^[1-7]

- Acute behavioural disturbances (with a SAT Score ≥ 2)

Contraindications^[1,2,4-7]

- **Absolute** contraindication:
 - Allergy AND/OR Adverse Drug Reaction
 - Parkinson's disease
 - Known Lewy body dementia
 - Previous dystonic reaction to droperidol
 - Patients less than 8 years of age
- **Relative** contraindication (requires consultation with the *QAS Clinical Consultation & Advice Line*):
 - Suspected sepsis

Precautions

- Hypoperfused state
- Concurrent use of CNS depressants

Side effects

- Vasodilation/hypotension
- Extrapyramidal effects e.g. dystonic reactions (rare)

Presentation

- Vial, 10 mg/2 mL *droperidol* (DORM[®])

Onset (IV/IM)

5–15 minutes

Duration (IV/IM)

4–6 hours

Half-life

N/A

Schedule

- S₄ (Restricted drugs).

Routes of administration

Intramuscular injection (IM)



Intravenous injection (IV)



Adult dosages^[4-7]

Adult dosages^[4-7]

Acute behavioural disturbances (with a SAT Score ≥ 2)		Acute behavioural disturbances (with a SAT Score ≥ 2)		
ACP2	IM	<p>QAS Clinical Consultation and Advice Line consultation and approval required in all patients ≥ 65 years OR 13–15 years.</p> <p>≥ 65 years – 5 mg May be repeated once at 15 minutes. Total maximum dose 10 mg.</p> <p>16 years to < 65 years – 10 mg May be repeated once at 15 minutes. Total maximum dose 20 mg.</p> <p>13–15 years – 0.1–0.2 mg/kg Single maximum dose 10 mg. May be repeated once at 15 minutes. Total maximum dose 20 mg.</p>	IV	<p>QAS Clinical Consultation and Advice Line consultation and approval required in all patients ≥ 65 years OR 13–15 years.</p> <p>≥ 65 years – 5 mg May be repeated once at 15 minutes. Total maximum dose 10 mg.</p> <p>16 years to < 65 years – 10 mg May be repeated once at 15 minutes. Total maximum dose 20 mg.</p> <p>13–15 years – 0.1–0.2 mg/kg Single maximum dose 10 mg. May be repeated once at 15 minutes. Total maximum dose 20 mg.</p>
CCP	IM	<p>QAS Clinical Consultation and Advice Line consultation and approval required in all patients 13–15 years.</p> <p>≥ 65 years – 5 mg May be repeated once at 15 minutes. Total maximum dose 10 mg.</p> <p>16 years to < 65 years – 10 mg May be repeated once at 15 minutes. Total maximum dose 20 mg.</p> <p>13–15 years – 0.1–0.2 mg/kg Single maximum dose 10 mg. May be repeated once at 15 minutes. Total maximum dose 20 mg.</p>	IV	<p>QAS Clinical Consultation and Advice Line consultation and approval required in all patients 13–15 years.</p> <p>≥ 65 years – 5 mg May be repeated once at 15 minutes. Total maximum dose 10 mg.</p> <p>16 years to < 65 years – 10 mg May be repeated once at 15 minutes. Total maximum dose 20 mg.</p> <p>13 – 15 years – 0.1–0.2 mg/kg Single maximum dose 10 mg. May be repeated once at 15 minutes. Total maximum dose 20 mg.</p>

Paediatric dosages^[4-7]

Acute behavioural disturbances (with a SAT Score ≥ 2)

ACP2
CCP

IM

QAS Clinical Consultation and Advice Line consultation and approval required in all situations.

8–12 years – **0.1–0.2 mg/kg**

Single maximum dose 10 mg.

May be repeated once at 15 minutes.

Total maximum dose 20 mg.

ACP2
CCP

IV

QAS Clinical Consultation and Advice Line consultation and approval required in all situations.

8–12 years – **0.1–0.2 mg/kg**

Single maximum dose 10 mg.

May be repeated once at 15 minutes.

Total maximum dose 20 mg.

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*.
- Where a second dose of droperidol has been administered by and ACP2, a CCP (where available) must be requested. The responding CCP may be cancelled if the second dose of droperidol achieves the desired sedation effect.
- If a patient has received droperidol prior to arrival of paramedics, subsequent administrations by QAS must consider prior dosage(s) and time of last administration to ensure compliance with the QAS Droperidol DTP is maintained.

Special notes (cont.)

- Lewy body dementia is a specific classification of dementia caused by the degeneration and death of nerve cells in the brain. The name comes from the presence of abnormal spherical structures called Lewy bodies, which develop inside nerve cells.^[2,4]
- In Lewy body dementia, antipsychotic (e.g. droperidol) can cause deterioration in cognitive and motor function, and may paradoxically increase agitation and worsen behaviour.^[2,4] For other presentations of dementia (e.g. Alzheimer's disease that affects 70% of dementia patients) droperidol is a suitable pharmacological agent for the management of acute behavioural disturbance.
- There is no significant difference in the onset of effect following IM or IV injection.
- Numerous studies have shown no evidence of increased QT prolongation risk following droperidol administration in doses routinely used for patients with ABD.
- All parenteral medications must be prepared in an aseptic manner. The rubber stopper of all vials must be disinfected with an appropriate antimicrobial swab and allowed to dry prior to piercing.
- Under **no** circumstances is an IV cannula to be inserted for the sole purpose of droperidol administration. **IV droperidol administration is only to occur when an IV cannula is already insitu.**