Antipsychotics (Typical): Butyrophenones

Butyrophenones: Droperidol, Haloperidol

Toxicity / Risk Assessment

- Toxicity is dose dependent

- One tablet in a child may produce significant toxicity

- Onset of effects occurs within 2-6 hours

- Droperidol is only available as a parenteral preparation.

- Iatrogenic OD is associated with sedation and coma.

- Clinically significant QT prolongation is rare.

Clinical features:

CNS: drowsiness, agitation, confusion, coma

Extrapyramidal effects: can be delayed and are more common with haloperidol

Cardiovascular: tachycardia or bradycardia, hypotension, QT prolongation and risk of Torsade des pointes (TdP) (more likely with haloperidol, rare with droperidol)

Other: neuroleptic malignant syndrome (usually associated with therapeutic dosing, rather than OD), respiratory depression

Management

- Maintain airway. Intubation may be required in large overdoses.

Decontamination

- Consider activated charcoal 50g within 2 hours of ingestion in patients at risk of significant toxicity

- Patients requiring intubation should receive activated charcoal 50g via NGT post intubation

Hypotension

- **Fluid**: initially load with 10-20 mL/kg IV crystalloid

Extrapyramidal Side Effects (EPSE)

- Benztropine 1-2 mg IV (paediatric dose: 0.02 mg/kg up to 1mg)

- Dose may be repeated after 20 minutes

QT interval prolongation

- see separate ***QT interval prolongation*** guideline

Neuroleptic Malignant Syndrome (NMS)

- see separate ***NMS*** guideline

Disposition

- Discharge pending mental health assessment if asymptomatic 6 hours post exposure

- Extrapyramidal reactions may occur up to 72 hours post exposure

- Advise patients not to drive for at least 72 hours post exposure