

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 an IV preparation.
 - Iatrogenic OD is associated with sedation and coma.
 - Clinically significant QT prolongation is rare

Clinical features:

CNS: drowsiness, agitation, confusion, coma

Extrapyramidal effects: more common with haloperidol, can be delayed

Cardiovascular: tachycardia or bradycardia, hypotension, QT prolongation and risk of Torsades 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 require ED assessment up to 72 hours post exposure
- Advise patient not to drive for at least 72 hours post exposure