Droperidol (droperidol) - Drug Summary

Hospira Inc.

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Droperidol (droperidol)

BOXED WARNING

Reserved for use in patients resistant or intolerant to other therapies. QT prolongation and serious arrhythmias (eg, torsades de pointes) reported. Contraindicated in known or suspected QT prolongation, including congenital long QT syndrome. All patients should undergo a 12-lead ECG prior to administration; do not administer if prolonged QT interval is present. If treatment benefit > risk, monitor ECG prior and continue for 2-3 hrs after therapy. Extreme caution if at risk for developing prolonged QT syndrome (eg, congestive heart failure, bradycardia; use of a diuretic, other drugs known to increase QT interval, benzodiazepines, volatile anesthetics, and IV opiates; cardiac hypertrophy, hypokalemia, hypomagnesemia, >65 yrs, alcohol abuse).

THERAPEUTIC CLASS

Neuroleptic butyrophenone

DEA CLASS

RX

ADULT DOSAGE & INDICATIONS

Nausea/Vomiting

Associated w/ Surgical and Diagnostic Procedures:
Max Initial Dose: 2.5mg IM or slow IV; may administer additional 1.25mg doses cautiously to achieve desired effect

PEDIATRIC DOSAGE & INDICATIONS

Nausea/Vomiting

Associated w/ Surgical and Diagnostic Procedures:
2-12 Years:
Max Initial Dose: 0.1mg/kg IM/IV; may administer additional doses cautiously

DOSING CONSIDERATIONS

Elderly
Elderly/Debilitated/Other Poor-Risk Patients:
Lower initial doses

ADMINISTRATION

IM/IV route

HOW SUPPLIED

Inj: 2.5mg/mL [2mL]

CONTRAINDICATIONS

Known or suspected QT prolongation, including congenital long QT syndrome. Not recommended for any use other than treatment of perioperative N/V for whom other treatments are ineffective or inappropriate.

WARNINGS/PRECAUTIONS

Caution with renal/hepatic impairment. Severe HTN and tachycardia reported with pheochromocytoma. Neuroleptic malignant syndrome (NMS) reported; consider dantrolene if increased temperature, HR, or carbon dioxide production. May cause hypotension, orthostatic hypotension and may decrease pulmonary arterial pressure. If hypotension occurs, consider possibility of hypovolemia and manage appropriately. Produces tranquilizing and sedative effects; alteration of alertness may persist for as long as 12 hrs.

ADVERSE REACTIONS

QT interval prolongation, torsades de pointes, cardiac arrest, arrhythmias, hypotension, tachycardia, dysphoria, postoperative drowsiness, restlessness, hyperactivity, anxiety.

DRUG INTERACTIONS

See Boxed Warning. Avoid drugs that prolong the QT interval (eg, Class I and III antiarrhythmics, antimalarials, calcium channel blockers, antidepressants, some antihistamines and neuroleptics, MAOIs). Caution with drugs that induce hypokalemia or hypomagnesemia (diuretics, laxatives and supraphysiological use of mineralocorticosteroids). May have additive or potentiating effects with central nervous system depressants (eg, barbiturates, tranquilizers, opioids, general anesthetics); use lower doses. Caution with conduction anesthesia (eg, spinal, peridural). Increased BP with fentanyl citrate or other parenteral analgesics. Epinephrine may paradoxically decrease BP.

PREGNANCY AND LACTATION

Category C, caution in nursing.

MECHANISM OF ACTION

Neuroleptic; produces marked tranquilization and sedation, allays apprehension and provides mental detachment and indifference while maintaining reflex alertness, produces mild α-adrenergic blockade, peripheral vascular dilation, reduction of pressor effect, and produces antiemetic effects.

ASSESSMENT

Assess for risk of developing prolonged QT syndrome and known or suspected QT prolongation, including congenital long QT syndrome. Assess for history of significant cardiac disease, electrolyte imbalance (eg, hypokalemia, hypomagnesemia), pheochromocytoma, renal/hepatic dysfunction, hypersensitivity, pregnancy/nursing status, and possible drug interactions. Obtain baseline 12-lead ECG.

MONITORING

Monitor ECG, vital signs, signs/symptoms of hypotension, NMS, hypersensitivity reactions, and QT prolongation.

PATIENT COUNSELING

Advise to seek medical attention if symptoms of hypotension, irregular cardiac rhythm, NMS (eg, altered consciousness, muscle rigidity, autonomic instability), hypersensitivity reactions, or QT prolongation occur.

STORAGE

20-25°C (68-77°F). Protect from light.

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