



Drug Therapy Protocols: Olanzapine

Policy code	DTP_OLA_0326
Date	March, 2026
Purpose	To ensure a consistent procedural approach to olanzapine administration.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	March, 2028
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Olanzapine

March, 2026

Drug class

Atypical antipsychotic

Pharmacology^[1]

Olanzapine is a second-generation antipsychotic that blocks dopamine D2 receptors. It produces a sedative effect and improves psychotic symptoms.

Metabolism^[1]

Metabolised by the liver and then extensively excreted in the urine and faeces.

Indications

- **Acute behavioural disturbance meeting all the following criteria:**
 - Unresponsive to de-escalation strategies;
 - SAT Score +1;
 - Compliant with oral medication administration;
 - Consent to the administration of an oral sedative (olanzapine) has been provided (*see Special Notes*)

Contraindications

- **Absolute** contraindications:
 - Allergy AND/OR Adverse Drug Reaction
 - Lewy Body Dementia (LBD)
 - Anticholinergic overdose
 - Suspected or confirmed Parkinson's disease
 - Previous dystonic reaction to olanzapine
 - Patients less than 16 years of age
- **Relative** contraindication (*QAS Clinical Consultation and Advice Line* consultation and approval required in all of the following situations):
 - Suspected sepsis

Precautions

- Hypoperfused state
- Current use of other CNS depressants
- Dementia (risk of anticholinergic delirium)

Side effects



- Hypotension
- Tachycardia
- Dry mouth
- Extrapyrimal effects e.g. dystonic reactions (rare)

Presentation

- Oral Disintegrating Tablet (ODT), 5 mg *olanzapine*

Onset

20 minutes

Duration

12–24 hours

Half-life

30 hours

Schedule

- S₄ (Restricted drugs).

Routes of administration

Oral (PO)

ACP2

CCP

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*.
- All patients administered olanzapine by QAS ambulance clinicians must be transported to an appropriate health facility for assessment.
- Olanzapine and ondansetron ODT are similar in name and presentation. Extra care must be taken to ensure the right medication is selected prior to administration.
- 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*.
- The majority of patients presenting with a SAT +1 can be appropriately managed without pharmacological intervention.
- Consent can be provided by the patient, or if the patient lacks decision-making capacity, consent may be provided by the patient's substitute decision-maker if practical (guardian, attorney, statutory health attorney).
- Olanzapine is not suitable for patients with severe agitation requiring emergency sedation.
- If ambulance clinicians observe the patient displaying obvious signs of cogwheeling rigidity and resting tremor without reporting a history of Parkinson's disease or LBD, olanzapine must NOT be administered.
- In LBD, antipsychotics (e.g. olanzapine) can cause a deterioration in cognitive function, worsened parkinsonism/rigidity and excessive or over sedation.

Adult dosages

Acute behavioural disturbance meeting the following criteria:

- Unresponsive to de-escalation strategies;
- SAT Score +1;
- Compliant with oral medication administration;
- Consent to the administration of an oral sedative (olanzapine) has been provided (*see Special Notes*); and

<p>ACP2 CCP</p>	<p>PO</p>	<p>QAS Clinical Consultation and Advice Line approval required for patients ≥ 65 years.</p> <p>≥ 65 years, cachectic or frail – 5 mg Total maximum dose 10 mg in 24 hours. When clinically indicated, a second dose may be administered at 20 minutes on the advice of the QAS Clinical Consultation and Advice Line.</p> <p>16 to < 65 years – 10 mg Total maximum dose 20 mg in 24 hours. When clinically indicated, a second dose may be administered at 20 minutes on the advice of the QAS Clinical Consultation and Advice Line.</p>
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Paediatric dosages

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