**Drug Therapy Protocols: Droperidol**

<table>
<thead>
<tr>
<th>Policy code</th>
<th>DTP_DRO_0120</th>
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<tbody>
<tr>
<td>Date</td>
<td>January, 2020</td>
</tr>
<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to droperidol administration.</td>
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<tr>
<td>Scope</td>
<td>Applies to all Queensland Ambulance Service (QAS) clinical staff.</td>
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<tr>
<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<tr>
<td>Population</td>
<td>Applies to all ages unless specifically mentioned.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
</tr>
<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
</tr>
<tr>
<td>Review date</td>
<td>January, 2023</td>
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All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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Droperidol

Drug class
Antipsychotic

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

Metabolism
Hepatic metabolism with biliary/renal excretion as inactive metabolites.

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

Contraindications
- Allergy and/or Adverse Drug Reaction
- Parkinson’s disease
- Previous dystonic reaction to droperidol
- Patients < 8 years

Precautions
- Concomitant use of CNS depressants

Side effects
- Extrapyramidal effects e.g. dystonic reactions (rare)

Presentation
- Vial, 10 mg/2 mL droperidol (DORM®)

Onset (IV/IM) | Duration (IV/IM) | Half-life
---|---|---
5–15 minutes | 4–6 hours | N/A

Schedule
- S4 (Restricted drugs).

Routes of administration
- Intramuscular injection (IM)
- Intravenous injection (IV)
### Adult dosages [2,3]

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

<table>
<thead>
<tr>
<th>Route</th>
<th>Description</th>
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</table>
| **IM** | **ACP2** QAS Clinical Consultation and Advice Line consultation and approval required in all patients ≥65 years OR 13–15 years.  
≥ 65 years – 5 mg  
May be repeated once at 15 minutes.  
**Total maximum dose 10 mg.**  
16 years to < 65 years – 10 mg  
May be repeated once at 15 minutes.  
**Total maximum dose 20 mg.**  
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.** |
| **IV** | **ACP2** QAS Clinical Consultation and Advice Line consultation and approval required in all patients ≥65 years OR 13–15 years.  
≥ 65 years – 5 mg  
May be repeated once at 15 minutes.  
**Total maximum dose 10 mg.**  
16 years to < 65 years – 10 mg  
May be repeated once at 15 minutes.  
**Total maximum dose 20 mg.**  
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.** |
Paediatric dosages

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<th>Acute behavioural disturbances (with a SAT Score ≥ 2)</th>
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<tr>
<td><strong>ACP2 CCP</strong></td>
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**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 Consult and Advice Line.
- 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.
- 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.[2]
- 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 in situ.**