

DRUG CARDS | DAILY



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GENERIC

haloperidol (HAL oh PER i dol)

BRAND

Haldol

CLASSIFICATION

1st Gen Antipsychotic (FGA)

FORM & STRENGTH

TABS: 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg | IM (decanoate): 50 mg/mL, 100 mg/mL | SOL (lactate): 2 mg/mL | INJ (lactate): 5 mg/mL

INDICATIONS & DOSING | ADULTS

1). PSYCHOSIS

- Moderate sx
0.5-2 mg PO 2-3 times daily
- Severe sx or Refractory Cases
3-5 mg PO 2-3x daily
Max 100 mg/day.

2). TOURETTE SYNDROME

- Severe or Refractory Cases
Tx range 0.5-2 mg PO 2-3x daily
Max 100 mg/day

* OFF LABEL | ACUTE AGITATION

- Severe or Refractory Cases
Tx range 0.5-10 mg PO q1-4h

! ADDITIONAL NOTES

- Use lowest effective dose.
- If d/c'ing after long-term use taper gradually.
- If ANC <1000 or unexplained WBC dec then d/c.

INDICATIONS & DOSING | PEDIATRICS

1). PSYCHOSIS

3-12 years of age.
- Tx range 0.05-0.15 mg/kg/day PO divided 2-3x daily.
- Initiate @ 0.025-0.05 mg/kg/day PO divided 2-3x daily.
- Dose inc by 0.5 mg/day every 5-7 days.
- Max of 0.15 mg/kg/day

>12 years of age.
- Tx range 0.5-5 mg PO divided 2-3x daily.
- Moderate sx
Initiate @ 0.5-2 mg PO 2-3x daily.
- Severe sx or Refractory Cases
3-5 mg PO 2-3x daily. Max 100 mg/day.

2). TOURETTE SYNDROME

3-12 years of age.
- Tx range 0.05-0.075 mg/kg/day PO divided 2-3x daily.
- Initiate @ 0.025-0.05 mg/kg/day PO divided 2-3x daily.
- Dose inc by 0.5 mg/day every 5-7 days.
- Max of 0.15 mg/kg/day

>12 years of age.
- Tx range 0.5-5 mg PO divided 2-3x daily.
- Moderate sx
Initiate @ 0.5-2 mg PO 2-3x daily.
- Severe sx or Refractory Cases
Max 100 mg/day.

3). SEVERE BEHAVIORAL DISORDERS

3-12 years of age.
- Tx range 0.05-0.075 mg/kg/day PO divided 2-3x daily.
- Initiate @ 0.025-0.05 mg/kg/day PO divided 2-3x daily.
- Dose inc by 0.5 mg/day every 5-7 days.
- Max of 0.15 mg/kg/day
- May require higher doses in severely disturbed pts.

>12 years of age.
- Tx range 0.5-5 mg PO divided 2-3x daily.
- Moderate sx
Initiate @ 0.5-2 mg PO 2-3x daily.
- Severe sx or Refractory Cases
Max 100 mg/day.

* OFF LABEL | AGITATION

3-12 years of age.
- Tx range 0.01-0.03 mg/kg/day PO divided 2-3x daily.
- Max of 0.15 mg/kg/day.

>12 years of age.
- Tx range 0.5-10 mg PO q1-4h.
- Severe or Refractory Cases
Max of 100 mg/day.

MOA & PHARMACOKINETICS

MECHANISM OF ACTION:

Unclear but proposed to selectively antagonize dopamine D2 receptors. Depresses the CNS at the subcortical level of the brain, midbrain, and brain stem.

ABSORPTION:

60% bioavailable. Well absorbed from the GI tract. Peak plasma conc w/in 2-6 hours if PO. IM haloperidol lactate peak w/in 10-20 min. IM haloperidol decanoate peak w/in 6-7 days. The onset of IM (lactate) is 30-45 min w/ greater improvement w/in 2-3 hours. The decanoate form has a slow/gradual release from fatty tissue and prolongs the duration of action.

DISTRIBUTION:

Animal studies show that the drug is mainly distributed into the liver w/ low levels in the brain, lungs, kidney, spleen and heart. IM (decanoate) distributes to the fat tissue then gradually releases. Drug is 92% protein bound.

METABOLISM:

Not fully understood but primarily by the liver. A metabolite with some pharmacologic activity does form.

ELIMINATION:

Slow excretion w/ 40% in urine and 15% feces. The t1/2 elimination of the decanoate form is ~3 weeks.

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SPECIAL POPULATIONS & CONSIDERATIONS

No adjustments required in renally impaired. Caution advised in hepatically impaired. Reduce dosages in Elderly pts. Contraindicated in Parkinson dz, coma, and CNS depression. Caution if high-doses, QT prolongation, bradycardia, recent MI, CHF, cardiovascular dz, if leukopenia/neutropenia, and 3rd trimester pregnancy.

SIDE EFFECTS | COMMON

Weight changes, insomnia, anxiety, drowsiness, anticholinergic effects, extrapyramidal (EPS), tardive dyskinesia, photosensitivity, galactorrhea, menstrual irregularities, impaired body temperature regulation, and gynecomastia.

SIDE EFFECTS | SERIOUS

Severe EPS, tardive dyskinesia, heat stroke, pneumonia, hypotension, hypertension, QT prolongation, torsades de pointes, arrhythmia, sudden death, seizures, hepatic impairment, leukopenia, neutropenia, agranulocytosis, cataracts, and retinopathy.

BLACK BOX WARNING

DEMENTIA-RELATED PSYCHOSIS:

Not approved use in dementia-related psychosis due to an increased risk of cardiovascular or infectious event related mortality in elderly pts. Especially those on conventional or atypical antipsychotics.

DRUG INTERACTIONS | CONSIDERATIONS

CYP1A2 substrate	hyperammonemia
CYP2D6 substrate	strong hyperprolactinemic effects
CYP3A4 substrate	hyponatremia
anticholinergic effects	hypotensive effects
CNS depression	lowers seizure threshold
dopamine antagonist	prolongs QT interval
extrapyramidal effects	

DRUG INTERACTIONS | DRUGS OF NOTE

CONTRAINDICATED:	AVOID:	MONITOR:	CAUTION:
cisapride	amiodarone	alprazolam	almotriptan
dronedarone	asenapine	amitriptyline	dexamethasone
pimozide	bromocriptine	enalapril	eletriptan
posaconazole	butalbital	fluconazole	lithium
K+ acid phosphate	sertraline	labetalol	topiramate
K+ chloride/citrate/phosphate	tramadol	valsartan	zonisamide

MONITORING PARAMETERS

CBC w/ diff during tx esp. if hx of leukopenia/neutropenia. Ophthalmic exam if prolonged duration of therapy. ECG monitoring if administered IV. Potassium & magnesium levels.

PATIENT COUNSELING

Haloperidol is most commonly used in the treatment of particular mood disorders such as schizophrenia and schizoaffective disorders.

Used to treat motor and speech tics in patients w/ Tourette's syndrome and can also help pts feel less nervous and think more clearly.

Can impair mental alertness or physical coordination so exercise caution when driving or operating machinery.

If a dose is missed it should be taken as soon as remembered but skip the dose if it is near the time you normally take your next dose. Do not double up doses.

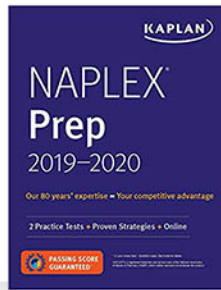
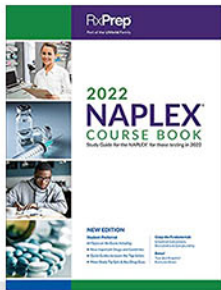
Pts and caregivers should be advised of the increased risk of mortality if elderly pts with dementia-related psychoses are treated w/ an antipsychotic agent.

REFERENCES

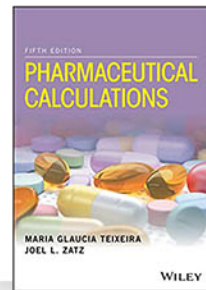
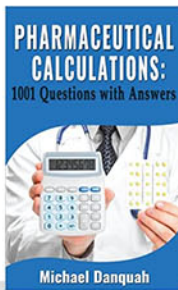
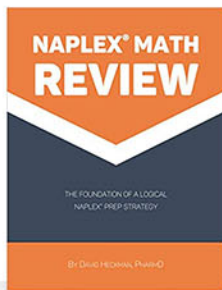
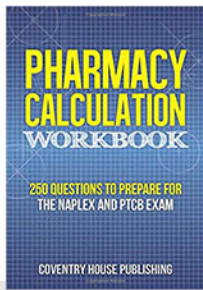
- 1). <https://online.epocrates.com/drugs/21910/haloperidol/Monograph>
- 2). <https://www.drugs.com/monograph/haloperidol.html>
- 3). <https://www.webmd.com/drugs/2/drug-8661/haloperidol-oral/details>

PREPARE FOR SUCCESS!

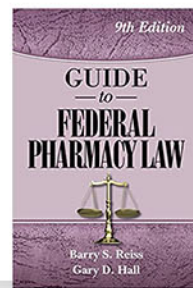
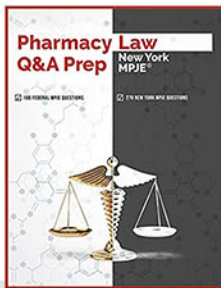
Comprehensive (NAPLEX)



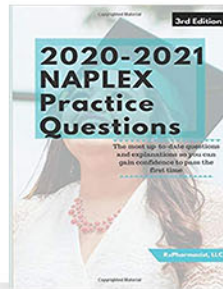
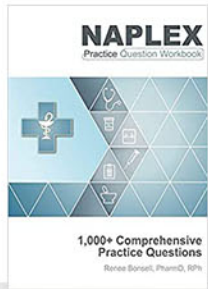
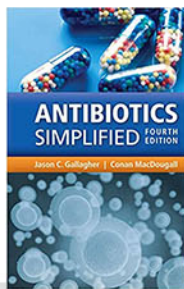
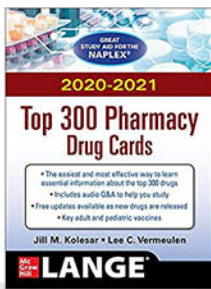
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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