

DROPERIDOL (Inapsine)

EMSAC FEBRUARY 2026

ACTION: Butyrophenone

- Droperidol produces a dopaminergic blockage, a mild alpha-adrenergic blockage, and causes peripheral vasodilation
- Onset of Action: 3 to 10 minutes after IM administration,
- Peak efficacy: 20-30 minutes
- Duration: 2-3 hours

INDICATIONS: First line medication for severely agitated patients who pose serious probable and imminent bodily harm to self/others

CONTRAINDICATIONS:

- Known severe allergic reaction to droperidol
- Suspected acute myocardial infarction/acute coronary syndrome
- Suspected hypotension
- Pregnancy
- Dementia related psychosis
- Patients < 18 years

POTENTIAL SIDE EFFECTS

- Transient hypotension
- Dystonic reaction
- Extra-pyramidal reactions
- Sedation

ADULT DOSE:

⇒ 5mg Intramuscular X 1

PEDIATRIC DOSE:

⇒ N/A

NOTES:

- Use with caution in patients >60 years of age
- May cause prolonged QT interval. Caution in patients with known prolonged QT syndrome or recent simultaneous use of other QT-prolonging drugs.
- ~~All patients receiving droperidol should be placed on cardiac monitoring and EtCO₂ monitoring.~~ All patients should have continuous cardiac, EtCO₂, and pulse-oximetry monitoring and have frequent reassessment OR documentation as to why monitoring was limited.
- Avoid patients known to be pregnant, regardless of gestational age
- ~~Contact Base Hospital if additional doses of droperidol or midazolam are needed for patients with continued agitation after first dose of droperidol~~

- If additional sedating medication is needed for persistent violent agitation 15 minutes after consider administering 5mg IM midazolam. Contact Base Hospital, if additional sedating medication
- If additional sedating medication is needed for persistent violent agitation 15 minutes after droperidol, consider administering midazolam for sedation. Contact Base Hospital, if additional sedating medication beyond those two medications are needed

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