# Antipsychotics (Typical): Butyrophenones

**Butyrophenones: Droperidol, Haloperidol**

## Toxicity / Risk Assessment

*- Toxicity is dose dependent*

*- One tablet in a child may produce significant toxicity*

*- Onset of effects occurs within 2-6 hours*

*- Droperidol is only available as a parenteral preparation.*

*- Iatrogenic OD is associated with sedation and coma.*

*- Clinically significant QT prolongation is rare.*

**Clinical features:**

**CNS**: drowsiness, agitation, confusion, coma

**Extrapyramidal effects**: can be delayed and are more common with haloperidol

**Cardiovascular**: tachycardia or bradycardia, hypotension, QT prolongation and risk of Torsade des pointes (TdP) (more likely with haloperidol, rare with droperidol)

**Other:** neuroleptic malignant syndrome (usually associated with therapeutic dosing, rather than OD), respiratory depression

## Management

- Maintain airway. Intubation may be required in large overdoses.

**Decontamination**

- Consider activated charcoal 50g within 2 hours of ingestion in patients at risk of significant toxicity

- Patients requiring intubation should receive activated charcoal 50g via NGT post intubation

**Hypotension**

- **Fluid**: initially load with 10-20 mL/kg IV crystalloid

**Extrapyramidal Side Effects (EPSE)**

- Benztropine 1-2 mg IV (paediatric dose: 0.02 mg/kg up to 1mg)

- Dose may be repeated after 20 minutes

**QT interval prolongation**

- see separate ***QT interval prolongation*** guideline

**Neuroleptic Malignant Syndrome (NMS)**

- see separate ***NMS*** guideline

**Disposition**

- Discharge pending mental health assessment if asymptomatic 6 hours post exposure

- Extrapyramidal reactions may occur up to 72 hours post exposure

- Advise patients not to drive for at least 72 hours post exposure