

## Who can administer

Administration RESTRICTED - see [Appendix 1](#)

## Important information

- Contraindicated in patients with known or suspected prolonged **QT interval**
- Avoid use with **medications which also cause QTc prolongation** - examples include: **macrolide antibiotics** (e.g. clarithromycin), **fluoroquinolone antibiotics** (eg ciprofloxacin), **antihistamines, certain anti-arrhythmics, methadone, pentamidine**
- Cardiovascular monitoring required (see monitoring requirements below)

## Available preparations

Droperidol (Panpharma) 2.5mg per 1mL ampoule (unlicensed)

## Reconstitution

Already in solution

**Draw up using a 5 micron filter needle**

## Methods of intravenous administration

### Slow intravenous injection

- Administer over at least 3 minutes <sup>(ref 1)</sup>

## Dose in adults

### Prevention and treatment of post-operative nausea and vomiting (PONV)

- Adults: 0.625 to 1.25mg (see also further information)
- Elderly: maximum 0.625mg
- **Renal/hepatic impairment: maximum 0.625mg (caution advised** in renal and hepatic impairment)
- **Administration** of droperidol is **recommended 30 minutes before the anticipated end of surgery**
- Repeat doses may be given every 6 hours as required

## Monitoring

- Continuous pulse oximetry should be performed in patients with known or suspected risk of ventricular arrhythmia and should continue for 30 minutes following single intravenous administration <sup>(ref 1)</sup>
- Monitor blood pressure and heart rate <sup>(ref 1)</sup>

## Further information

- The manufacturers suggest that droperidol may be added to PCA. However, this is not practice within GUH. See SPC for further details

## Storage

Store below 25°C

## References

Xomolix SPC 9th Nov 2020

1: Medusa <http://medusa.wales.nhs.uk/> accessed online 23rd Feb 2023

## Therapeutic classification

Anti-emetic, Butyrophenone neuroleptic

**BNF**

CNS