



**Consider Antipsychotics (ordering recommendations):**

1. Regular dose haloperidol 0.5-2 mg<sup>1</sup> IV Q6H *and*
2. PRN Haldol 0.5-2 mg<sup>1</sup> IV Q2H PRN for mild agitation *and*
3. Haloperidol 2-4 mg<sup>1</sup> IV Q2H PRN for dangerous agitation

**Titration Guideline:** If ICDSC > 0-1 increase regular dose of haloperidol to equal the total daily dose during the preceding 24 hour period (prn plus regular dose). Divide this total dose into regular doses (consider a higher dose at bedtime).

<sup>1</sup>If age > 65: Initiate low end of dosing range  
**Maximum Daily Dose:** 20 mg/day (<sup>1</sup>15 mg/day if > 65 years old)  
**Consult Adult Psychiatry:** If no improvement in ICDSC in 48 hours, on more than 2 antipsychotics or history of dementia, or patient with Parkinson's disease<sup>2</sup> or long QT<sup>3</sup>  
**Weaning:** Initiate when ICDSC = 0 X 24 – 48 hours. See **Appendix E** for weaning guidelines



**Contraindication:** Parkinson's disease<sup>2</sup>

**Precautions:**  
 Prolonged QT<sup>3</sup>, heart block, hypotension, reduced respiratory drive, hepatic dysfunction

**Monitoring:**  
 QT (**Appendix D**), extra-pyramidal side effects, ICDSC