



NOTICE: RECOMMENDED THERAPEUTIC ALTERNATIVE(S) FOR HALOPERIDOL INJECTION

The Adult Hospital Level (2019 edition) Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) currently recommends the use of haloperidol injection for aggressive disruptive behaviour and delirium. Haloperidol injection was advertised on tenders RT297-2019¹ and HP06-2017SVP² but was not awarded. Stock has been made available on quotation from Pfizer Laboratories (Pty) Ltd. The supplier, however, has informed the National Department of Health (NDoH) that the product will soon be discontinued. A disruption in supply is anticipated for a minimum of 6 weeks before another supplier will be able to manufacture sufficient quantities to the meet demand of this product.

Until the supply of haloperidol injection normalises, the following alternative recommendations may be considered, **in consultation with a psychiatrist:**

Indication: Adult Hospital Level STGs and EML, 2019	Current recommendation in STGs and EML	Therapeutic alternative
15.1 Aggressive disruptive behaviour in adults - <i>Inadequate response to benzodiazepines</i>	<u>Inadequate response to benzodiazepines</u> (after 30 - 60 minutes): • Haloperidol, IM, 2.5 – 5 mg, immediately. AND • Promethazine, deep IM, 25 – 50 mg. ◦ Repeat after 30 – 60 minutes if needed.	<u>Inadequate response to benzodiazepines</u> (after 30 - 60 minutes): • Clotiapine, IM, 20 – 80 mg ³ . ◦ May be repeated after 6 – 8 hours. ◦ Maximum dose 160 mg/day.
20.8 Delirium with perceptual disturbances	<u>For management for severe aggression and disruptive behaviour:</u> see section 15.1: Aggressive disruptive behaviour in adults. <u>For agitated and acutely disturbed patient:</u> • Haloperidol, IM, 0.5 – 1 mg. ◦ This can be repeated in 30 – 60 minutes, if required and then 4 hourly to a maximum dose of 10 mg within 24 hours. ◦ Monitor vital signs and beware of acute dystonia and neuroleptic malignant syndrome. ◦ Dosing may vary according to clinical circumstances, e.g. lower doses in the elderly or where HIV infection or HIV-related dementia is known or suspected.	<u>For management for severe aggression and disruptive behaviour:</u> see section 15.1: Aggressive disruptive behaviour in adults. <u>For agitated and acutely disturbed patient:</u> Consult a specialist for specific patient management ^{4 5} . Limit the burden of delirium on patients – see Appendix I.

¹ Supply and Delivery of Small Volume Parenterals and Insulin Devices to the Department of Health for the period 1 May 2019 to 30 April 2021

² Supply and Delivery of Small Volume Parenterals and Insulin Devices to the Department of Health for the Period ending 30 April 2021

³ NDoH, Affordable Medicines, EDP-Adult Hospital level. Medicine review: Clotiapine injection for acute aggressive disruptive behaviour in adults_PHC-Adults Review, 6 June 2017. <http://www.health.gov.za/>

⁴ Burry L, Hutton B, Williamson DR, Mehta S, Adhikari NK, Cheng W, Ely EW, Egerod I, Fergusson DA, Rose L. Pharmacological interventions for the treatment of delirium in critically ill adults. Cochrane Database Syst Rev. 2019 Sep 3;9:CD011749. <https://www.ncbi.nlm.nih.gov/pubmed/31479532>

- "no evidence of a difference between placebo and any drug in terms of delirium-free and coma-free days, days with coma, physical restraint use, length of stay, long-term cognitive outcomes, or mortality"

⁵ Kotfis K, Williams Roberson S, Wilson JE, Dabrowski W, Pun BT, Ely EW. COVID-19: ICU delirium management during SARS-CoV-2 pandemic. Crit Care. 2020 Apr 28;24(1):176. <https://www.ncbi.nlm.nih.gov/pubmed/32345343>

- "no drugs can be recommended for the prevention or treatment of ICU delirium other than avoidance of overuse of potent psychoactive agents like sedatives and neuromuscular blockers (NMB) unless patients absolutely require such management"

- "limit the burden of delirium on patients by reducing modifiable risk factors"

Note: The NDoH will advise provinces once the supply of haloperidol injection has stabilised.

Provinces and Healthcare Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees.

Kindly share with all healthcare professionals.

Comments may be submitted via e-mail:

Stock queries:

Ms Maureen Masinge

Tel: 012 395 9683

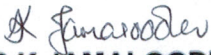
E-mail: Maureen.Masinge@health.gov.za

Clinical queries:

Essential Drugs Programme

E-mail: SAEDP@health.gov.za

Kind regards



MS K JAMALOODIEN

DIRECTOR: AFFORDABLE MEDICINES

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