



OFFICE OF THE MEDICAL DIRECTOR



Pinellas County Emergency Medical Services

Memo

To: All system clinicians
From: Laurie A. Romig, MD, FACEP
Date: January 18, 2012
Re: Interim Guidance for Sedation for Behavioral Emergencies

Haloperidol (Haldol) has been one of the drugs experiencing significant shortages for some time. At this time, there is no replacement Haldol available from Sunstar. I had actually been considering eliminating the drug from our formulary due to the potential complications that can occur if given to a patient with Excited Delirium or one who is at risk for it. Similarly, administering Haldol to mixed drug overdose patients (and these days we have to assume that all OD's are) can be dangerous. I am researching other antipsychotic medications to see if there is a feasible substitute, but have not come to a conclusion yet.

The following is your Interim Guidance for Sedation for Behavioral Emergencies:

- You may continue to use the Haldol stock that remains in the field per usual protocol (Protocol 5.22)
- When the Haldol is exhausted, Valium will be the substitute
- Valium will continue to be a Level 2 drug for this indication
- Valium dosing
 - IV: 2.5 to 5 mg IV q 5 to 10 minutes as needed.
 - IM: 5 to 10 mg IM q 10 to 15 minutes as needed.
 - Monitor capnography and pulse ox when it becomes possible.
 - Use the lower dosages for frail elderly and/or hypotensive patients.
 - OLMC may provide slightly different guidance on a case by case basis.
- If the patient is allergic to Valium, consult with OLMC for other options.
- We will address necessary protocol changes in the next quarterly MOM update.
- This guidance is effective as of this date and will continue to remain in effect until official protocol changes are made or other Interim Guidance is provided from this office.

Please don't hesitate to contact me with any questions or concerns.