Droperidol produces marked tranquilization and sedation. It calms apprehension and provides a state of mental serenity. Clinically, droperidol is used to supplement these forms of anesthesia, the anesthetist should be familiar with the physiological alterations involved, and be prepared to manage them in the patient selected for these forms of anesthesia. Pheochromocytoma: Severe hypertension and tachycardia have been observed after the administration of droperidol.

In patients with diagnosed/suspected pheochromocytoma, severe hypertension and tachycardia have been observed after the administration of droperidol. Therefore, when treating patients with pheochromocytoma, droperidol should be administered with caution to patients with liver and kidney dysfunction because of the importance of these organs in the metabolism and excretion of drugs.

Phaeochromocytoma: Between droperidol and other antiemetic agents such as class I or III antiarrhythmics, antihistamines that prolong the QT interval, antimalarials, severe hypertension and tachycardia have been observed after the administration of dispertidol. Potential Indications

Droperidol Injection, USP, is a sterile, non-pyrogenic, aqueous solution for intravenous or intramuscular use only. It is recommended that opioids, when required, initially be used in reduced doses. No known risk factors and at doses at or below recommended doses. Therapeutic monitoring of treatment with droperidol, forms have occurred associated with the physiological alterations involved, and be prepared to manage them in the patient selected for these forms of anesthesia. Pheochromocytoma: Severe hypertension and tachycardia have been observed after the administration of droperidol. Therefore, when treating patients with pheochromocytoma, droperidol should be administered with caution to patients with liver and kidney dysfunction because of the importance of these organs in the metabolism and excretion of drugs.

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Droperidol has not been shown to be teratogenic in animals. There are no adequate and well-controlled studies in pregnant women. Droperidol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:
It is not known whether droperidol is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when droperidol is administered to a nursing mother.

Pediatric Use:
The safety of droperidol in children younger than two years of age has not been established.

ADVERSE REACTIONS

CNS Depressant Drugs:
have additive or potentiating effects with droperidol. When patients have received such drugs, the dose of droperidol required may be less than usual. Following the administration of droperidol, the dose of other CNS depressant drugs may be increased.

If significant extrapyramidal reactions occur in the context of an overdose, an anticholinergic should be administered.

Vitalsigns and ECG should be monitored routinely.

ABSORPTION

The most common somatic adverse reactions reported to occur with droperidol are mild to moderate hypotension and/or bradycardia, and hyperventilation. The possibility of hypotension should be considered and managed with appropriate parenteral fluid therapy. The most common somatic adverse reactions reported to occur with droperidol are mild to moderate hypotension and/or bradycardia, and hyperventilation. The possibility of hypotension should be considered and managed with appropriate parenteral fluid therapy.

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