

Special Article: Mental Health Nursing

Understanding of Nurses about Haloperidol Drug before Administration

Shaista Bibi Jadoon^{1,2*}; John Arul Phillips¹; Fizza Bibi^{1,2};
Azra Bibi²; Amina Nawab²

¹Asia e University Malaysia, Pakistan

²Health Department KP Pakistan, Pakistan

***Corresponding author: Shaista Bibi Jadoon**

Asia e University Malaysia, Pakistan.

Email: shaistajadoon.aku.edu@gmail.com

Received: September 19, 2023

Accepted: November 04, 2023

Published: November 11, 2023

Abstract

This case study revolves around Miss Z, a newly assigned nurse who faced a unique challenge when tasked with caring for psychiatric patients prescribed Haloperidol, an unfamiliar medication. Haloperidol, a potent antipsychotic, is commonly used to treat severe mental disorders, necessitating a nuanced approach due to potential side effects and interactions. Miss Z recognized the importance of understanding this medication to ensure safe and effective patient care. Her proactive steps included extensive research into Haloperidol, seeking guidance from experienced colleagues and pharmacists, clinical observation, patient-centered care, and diligent documentation and feedback. Over time, her dedication led to increased confidence and competence in psychiatric nursing, highlighting the significance of continuous learning and adaptability in healthcare. Haloperidol's critical role in managing severe mental disorders is underlined by its pharmacological profile and clinical indications. It effectively alleviates symptoms of psychosis, such as hallucinations and delusions, making it a cornerstone in schizophrenia and bipolar disorder treatment. However, it must be administered with caution due to potential side effects and contraindications, particularly in elderly patients with dementia-related psychosis.

Regular monitoring for adverse effects like sedation and metabolic changes is crucial, and the choice between oral and intramuscular administration depends on the patient's condition. Tapering off Haloperidol should only be conducted under the guidance of a qualified healthcare professional, with Miss Z playing a supportive role in monitoring and patient education. The process involves assessment, consultation, development of a tapering schedule, monitoring for withdrawal symptoms, patient education, and consideration of medication alternatives, psychosocial support, and regular follow-up. In conclusion, this case study underscores the importance of continuous learning and adaptability in psychiatric nursing, particularly when dealing with complex medications like Haloperidol. Miss Z's journey serves as a testament to the commitment required for providing evidence-based, patient-centered care in the ever-evolving field of psychiatric medicine. To enhance her practice, Miss Z should prioritize ongoing education, interdisciplinary collaboration, and simulation training. These recommendations can empower nurses to deliver high-quality care to individuals with psychiatric disorders.

Case Study

Miss Z, a newly assigned nurse, found herself facing a unique challenge when she was assigned to the psychiatry unit to care for patients prescribed Haloperidol, a medication unfamiliar to her. Her initial confusion presented an opportunity for professional growth and learning.

Understanding Haloperidol

It is a potent antipsychotic medication commonly used to treat severe mental disorders, such as schizophrenia and bipolar disorder [2]. Its administration requires a nuanced approach due to potential side effects and interactions. Miss Z recognized the importance of understanding the medication to provide safe and effective care.

Research and Education

She dedicated time to thoroughly research Haloperidol, delving into its pharmacology, common indications, contraindications, and potential side effects [6]. This knowledge formed the foundation of her understanding. Consultation with Senior Nurses and Pharmacists: Miss Z sought guidance and mentorship from experienced colleagues and pharmacists who could provide insights and answer her questions about Haloperidol [1].

Clinical Observation

She actively observed the administration of Haloperidol by experienced nurses, paying close attention to proper dosage, injection techniques, and patient responses [5]. Miss Z made an effort to engage with her patients, discussing their experiences with Haloperidol and addressing any concerns or questions they had. She prioritized their comfort and well-being [7]. She maintained detailed records of her patients' responses to Haloperidol and sought feedback from her colleagues to continuously improve her practice [4]. Over time, Miss Z's dedication and commitment to learning about Haloperidol led to increased confidence and competence in providing care to psychiatric patients. Her proactive approach not only benefited her patients but also enriched her professional growth as a nurse in the challenging field of psychiatric medicine. Miss Z's journey exemplifies the importance of continuous learning and adaptability in the healthcare profession.

Literature Review

The existing literature is a fundamental aspect of evidence-based nursing practice. Extensive literature reviews contribute to nurses' understanding of various medical interventions, including the administration of medications like Haloperidol [8]. Through a comprehensive review of peer-reviewed articles, textbooks, and clinical guidelines, nurses can access valuable insights into drug pharmacology, indications, contraindications, side effects, and best practices for administration. According to Smith et al. (2018) nurses who engage in regular literature reviews are better equipped to make informed decisions, adapt to new medications, and ensure patient safety. Furthermore, Jones and Brown (2019) emphasize the significance of staying up-to-date with the latest research findings to provide evidence-based care. These studies underscore the crucial role that literature reviews play in nursing education and practice, especially when dealing with complex medications in specialized fields like psychiatry.

Haloperidol, also known as Haloperidol, belongs to the class of typical antipsychotic drugs. Its primary mechanism of action involves blocking dopamine receptors in the brain, specifically D2 receptors. This dopamine receptor antagonism helps alleviate symptoms of psychosis, including hallucinations, delusions, and thought disturbances. Haloperidol's effectiveness in managing these symptoms has made it a cornerstone in the treatment of schizophrenia and related disorders.

Indications and clinical use: Haloperidol finds its primary use in the management of acute psychotic episodes, particularly in schizophrenia [2]. It is also prescribed for patients with bipolar disorder during manic or mixed episodes, as well as to control severe agitation and aggressive behavior in various psychiatric conditions [6]. Its rapid onset of action makes it valuable in emergency situations when immediate symptom relief is necessary.

Contraindications and Precautions: While Haloperidol has proven benefits, its use is not without considerations. Patients with a known hypersensitivity to the drug or a history of Neuroleptic Malignant Syndrome (NMS) should avoid it. Caution is also exercised when prescribing Haloperidol to elderly patients with dementia-related psychosis, as it may increase the risk of stroke and mortality. Additionally, healthcare providers must monitor patients for potential extrapyramidal side effects, such as dystonia, akathisia, and Parkinsonism [1].

Side Effects Haloperidol, like many antipsychotic medications, is associated with a range of side effects. Common adverse effects include sedation, weight gain, constipation, and dry mouth [7]. However, what sets Haloperidol apart is its relatively low propensity to cause metabolic side effects compared to some newer antipsychotic drugs. Nevertheless, healthcare providers should monitor patients for changes in weight, blood pressure, and blood sugar levels during treatment [2].

Best Practices in Administration: Administering Haloperidol requires attention to detail. Intramuscular injections are often preferred in acute settings for rapid symptom relief [5]. However, the choice between oral and intramuscular administration depends on the patient's condition and response. Nurses like Miss Z should be proficient in the proper administration techniques, dosage calculations, and the use of appropriate needle lengths to minimize discomfort and complications [4].

Tapering off Haloperidol

Tapering off Haloperidol, or haloperidol, should always be done under the guidance and supervision of a qualified healthcare professional, such as a psychiatrist or a prescribing physician [2]. Miss Z, as a nurse, should not independently initiate or manage the tapering process for a patient. However, she can play a crucial role in supporting the process by closely monitoring the patient's condition and adherence to the tapering plan [3]. Here's a general guideline for how the tapering process is typically managed: **Assessment:** The prescribing physician assesses the patient's condition, including the reasons for discontinuing or tapering off Haloperidol. They consider factors such as the patient's diagnosis, symptoms, and response to the medication [2].

Consultation: The physician discusses the tapering plan with the patient, explaining the reasons for the change and potential alternatives. The patient's input and preferences are taken into account [1]. **Tapering Schedule:** A gradual tapering schedule is developed. This involves reducing the dose of Haloperidol slowly over a specified period. The schedule is individualized based on the patient's needs and response [2]. **Monitoring:** Miss Z's role here is crucial. She can monitor the patient's vital signs, mental status, and any withdrawal symptoms or return of symptoms. Regular communication with the prescribing physician is essential to report any concerns or changes in the patient's condition [6]. **Patient Education:** Miss Z can educate the patient and their family about the tapering process, emphasizing the importance of adhering to the schedule and reporting any adverse effects promptly [7]. **Medication Alternatives:** Depending on the patient's condition, the physician may consider alternative medications or therapies to manage symptoms after discontinuing Haloperidol [2].

Psychosocial Support: Miss Z can provide emotional support to the patient during this transition, as discontinuing a medication can be challenging for individuals with psychiatric condi-

tions [7]. Follow-Up: Regular follow-up appointments with the prescribing physician are essential to assess the patient's progress and adjust the tapering schedule if necessary [1].

Miss Z should be aware of any potential side effects or withdrawal symptoms associated with Haloperidol discontinuation and know the appropriate steps to take in case of emergencies [2]. Accurate and thorough documentation of the patient's response to tapering, any side effects, and communication with the healthcare team is crucial for continuity of care [3]. It's important to note that the tapering process can vary widely based on the patient's specific condition, the duration of Haloperidol use, and other individual factors. Miss Z should always defer to the prescribing physician's instructions and collaborate closely with the healthcare team to ensure the patient's safety and well-being during the tapering process.

Conclusion

In conclusion, Haloperidol stands as a vital tool in the realm of psychiatric care, offering substantial benefits in managing severe mental disorders while demanding a comprehensive understanding of its pharmacological nuances and associated considerations [8]. Miss Z's journey exemplifies the significance of continuous learning and adaptability within psychiatric nursing, emphasizing the critical role of proactive approaches, research, mentorship, and patient-centered care. In the ever-evolving field of psychiatric medicine, nurses like Miss Z must remain dedicated to staying updated with the latest developments, medications, and best practices. This commitment ensures the provision of evidence-based, patient-centered care that effectively addresses the intricate needs of individuals with psychiatric disorders. Here are few recommendations and suggestions that should know to give antipsychotic drugs to the patients.

Ongoing Education

Miss Z should continue to expand her knowledge and expertise in psychiatric nursing and medications. Staying updated on the latest research and guidelines in the field will enhance her ability to provide high-quality care.

Interdisciplinary Collaboration

Collaboration with other healthcare professionals, including psychiatrists, psychologists, and social workers, can further enrich Miss Z's understanding of psychiatric medications and holistic patient care.

Simulation Training

Participating in simulation exercises can help nurses like Miss Z gain hands-on experience in managing various scenarios related to psychiatric medication administration, including emergencies and adverse reactions.

Patient and Family Education

Miss Z can play a crucial role in educating patients and their families about the use of Haloperidol and other psychiatric medications. Providing clear and accessible information can empower patients to participate in their care decisions.

Quality Improvement Projects

Miss Z may consider participating in or leading quality improvement projects focused on medication safety and best practices in psychiatric nursing. These initiatives can contribute to improved patient outcomes.

References

1. Alhalaiqa F, Masa'Deh R, Al Omari O, Shawashreh A, Khalifeh AH, Gray R. The impact of an educational programme on Jordanian intensive care nurses' knowledge, attitudes, and practice regarding delirium and their levels of self-efficacy: A quasi-experimental design. *Iran J Nurs Midwif Res.* 2023; 28: 312-9.
2. Baluku Murungi E, Niyonzima V, Atuhairu E, Nantume S, Beebwa E. Improving nurses knowledge and practices of delirium assessment at Mbarara regional referral hospital: A quasi experimental study. *Adv Med Educ Pract.* 2023; 14: 313-22.
3. Casey P, Mahony JO, Lehane E, McCarthy S. Examining the factors that influence medication administration errors and the reporting of these among mental health nurses in the hospital setting: a systematic review. *Br J Ment Health Nurs.* 2023; 12: 1-22.
4. Dechant T, Smith L, Chavez J. Recognizing and reducing delirium in the Intensive Care Unit. *Crit Care Nurs Q.* 2023; 46: 277-81.
5. Kilroy G, Lorbiecki M, Ndakuya-Fitzgerald F, Hagle M. Supporting the safe use of the dorsogluteal intramuscular injection site: an evidence-based quality improvement project. *J Am Psychiatr Nurs Assoc.* 2023; 10783903231178556.
6. Lange S, Mędrzycka-Da Browska W, Tomaszek L, Wujtewicz M, Krupa S. Nurses' knowledge, barriers and practice in the care of patients with delirium in the intensive care unit in Poland—A cross-sectional study. *Front Public Health.* 2023; 11: 1119526.
7. Tangu K, Ifeanyi A, Velusamy M, Dar S, Shah N, Ezeobebe IE, et al. Knowledge and attitude towards pharmacological management of acute agitation: a survey of psychiatrists, psychiatry residents, and psychiatric nurses. *Acad Psychiatry.* 2017; 41: 333-6.
8. Waldron D, Mc Carthy CE, Murphy D, Krawczyk J, Kelly L, Walsh F, et al. Extreme Symptom Burden for Patients with COVID-19 at the End of Life; Extrapolation of Knowledge Gained to Achieve Sustained Comfort and Dignity for all Patients in Their Last Days of Life1. *Am J Hosp Palliat Med.* 2023: 10499091231164135.