

Acute Dystonic Reaction

Indication: An adverse effect of anti-dopaminergic drugs (e.g. antipsychotics and certain antiemetics) resulting in involuntary contraction of the muscles of the extremities, face, neck, abdomen, or pelvis, in a sustained pattern that leads to abnormal posture and pain.

GENERAL CONSIDERATIONS:

- An acute dystonic reaction is **pure motor contraction in the right clinical context**.

NOTE: *Muscle weakness and loss of sensation are not consistent with acute dystonic reaction. Consider alternate causes, such as acute stroke.*

- 90% of acute dystonic reactions occur within 5 days of starting a new antipsychotic medication.
- Most commonly occurs with haloperidol [Haldol], but can occur with any antipsychotic.
- May rarely occur with certain antiemetics (e.g. prochlorperazine [Compazine], metoclopramide [Reglan]).
- The condition is rarely life-threatening, but can be painful.
- Be alert for laryngospasm, the rare but potentially life-threatening version of acute dystonic reaction.

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- Assess ABCs and evaluate for laryngeal involvement (e.g. stridor, difficulty breathing, change in voice).
- If laryngospasm is suspected and ALS intercept will not significantly delay transport, consider requesting ALS.



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Attempt to obtain IV access.

ADULT:

Administer 50mg [Diphenhydramine](#) IV/IO/IM

PEDIATRIC:

Administer 1mg/kg [Diphenhydramine](#) IV/IO/IM (max 50mg)

The response to treatment is often dramatic, and should occur within 5-20 minutes. If there is no response, consider alternate diagnoses (e.g. serotonin syndrome, neuroleptic malignant syndrome, partial seizures, strokes, etc.) and encourage transport.