

Profound, prolonged coma, respiratory depression and seizures can occur following baclofen overdose. Management is supportive.

Toxicity / Risk Assessment

Clinical features are present within 2 hours:

Less than 200 mg – usually mild CNS effects only

Greater than 200 mg – ↑ severity with ↑ dose:

Clinical Features:

- Sedation, delirium, coma, seizures, hypothermia
- Respiratory depression
- Hypertension or hypotension, ↑/↓ HR, 1° AVB, ↑QT

Baclofen toxicity may mimic brain death:

- Fixed dilated pupils, hypotonia, absent reflexes
- Coma may last for days

Intrathecal administration

- More than 10 mg can cause coma

Baclofen withdrawal syndrome

- May occur 24-48 hours after abrupt cessation
- Hypertension, delirium, seizures, hyperthermia
- Baclofen withdrawal can be life-threatening
- Management involves reinstating baclofen

(discuss with clinical toxicologist)

Management

Aggressive supportive care is the mainstay of management.

Decontamination: Activated charcoal not indicated unless intubated

CNS depression

- Intubation / ventilation may be required for airway protection and respiratory support
- Ventilation may be required > 72 hours following large ingestions

Seizures

- **Benzodiazepines:** Diazepam 5 mg IV every 5 minutes as necessary

Hypotension

- Treat initially with 20 mL/kg of IV crystalloid

Management of intrathecal OD: (discuss with clinical toxicologist)

- Empty the CSF reservoir
- The efficacy of removing 30-50 mL of CSF is unproven, especially after 15 minutes have elapsed

Enhanced Elimination

- HD may reduce duration of toxicity in patients with significant renal impairment

Disposition

- Observe all patients for at least 4 hours post baclofen ingestion for development of toxicity
- Discharge pending mental health assessment if well at 4 hours post ingestion
- Patients with minor CNS effects should be observed until all clinical features resolve
- Advise patient not to drive for at least 72 hours post exposure