

Benzodiazepine overdose produces CNS depression. Lone benzodiazepine exposures usually only require supportive care.

Toxicity / Risk Assessment

Lone benzodiazepine exposure in an otherwise well patient usually only require supportive care.

A ceiling CNS effect is reached, even with increasing doses.

More significant toxicity is likely with CNS depressant co-ingestions, co-existing cardio-respiratory illness.

Greater CNS depression may be observed following alprazolam overdose.

Unregulated benzodiazepine products may produce less predictable toxicity. Management should follow standard guidelines.

Clinical features:

- CNS depression: drowsiness, ataxia, slurred speech, coma
- Systemic effects in large OD: ↓Temp, ↓HR, ↓BP
- Lone OD – significant coma unlikely
- Paradoxical excitation possible in children

Management

Supportive care is mainstay of management

Protect airway. Intubation may be required. *(More likely with co-ingestion of other CNS depressants).*

Decontamination: Activated charcoal (AC) is not indicated because of possible early CNS depression. In rare cases requiring intubation, AC should be administered via NG tube post intubation.

Flumazenil is an effective benzodiazepine antagonist, but is **NOT** routinely indicated because of adverse effects including precipitation of benzodiazepine withdrawal, seizures or unmasking of arrhythmias in mixed drug overdoses.

Possible indications: *(see Flumazenil guideline)*

- Non-benzodiazepine-dependent patients with lone benzodiazepine OD and respiratory compromise
- Paediatric patients with respiratory compromise and no co-ingestions
- Iatrogenic/post procedural sedation where over-sedation produces respiratory compromise
- Elderly patients with respiratory compromise where intubation is deemed inappropriate

Disposition

- Severe clinical effects normally resolve in 12-24 hours
- If significant ataxia or drowsiness occurs, observe in hospital until improvement
- Discharge pending mental health assessment if normal conscious state and able to ambulate safely at four hours post ingestion
- Advise patients not to drive for at least 72 hours post exposure