

Overdose may result in a severe anticholinergic syndrome. Bzotropine as an antidote: see separate guideline

Toxicity / Risk Assessment

Any OD likely to = anticholinergic symptoms + require care

Onset of action is within 1-2 hours

Maximal effects within 6 hours and may last for days

Clinical features:

Central symptoms – agitated delirium, tremor,

myoclonus, coma, seizures (rare)

Peripheral symptoms – mydriasis, tachycardia, dry skin

and mucous membranes, urinary retention

Management

Management is supportive

Decontamination:

Activated Charcoal 50g within 2 hours of ingestion

Agitation

Check for urinary retention and signs of anticholinergic delirium

Anticholinergic delirium

Supportive care +/- titrated doses of diazepam (5-10 mg oral q30 minutely or IV q10-15 minutely)

Consider physostigmine (discuss with clinical toxicologist)

- Dose: 0.5-1 mg IV bolus q15 minutely, up to 2 mg (*Administer only in a monitored resuscitation area*)

- Contraindicated with ECG showing evidence of sodium channel blockade

Seizures

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

Disposition

- Discharge pending mental health assessment if not sedated, normal CVS status, normal ECG, and has passed urine at 6 hours post exposure

- Advise patient not to drive for at least 72 hours post exposure