

Severe adverse effects from cannabis or medicinal cannabis are rare. Children are more susceptible to toxicity.

Toxicity / Risk Assessment

Synthetic cannabinoids/cannabinoid receptor agonists

are NOT cannabis and cause more significant toxicity

(see *Synthetic Cannabinoid Receptor Agonist* guideline)

Medicinal cannabis contains varying proportions of

delta-9-THC and cannabidiol

Ingestion of **cannabis-containing products** can cause unpredictable, delayed (up to 2 hours) and more prolonged effects (12-24 hours)

Paediatric exposure can lead to significant CNS depression, hypotonia, hyporeflexia and seizures

Clinical features:

- Relaxation, mild euphoria, disinhibition, and mild sedation
- Psychoactive effects such as anxiety, psychosis and changes in perception can occur with large exposures or medicinal cannabis with high delta-9-THC content
- Postural hypotension+/- tachycardia in larger doses

- Chronic daily high dose cannabis use is associated with hyperemesis syndrome (see *Cannabinoid Hyperemesis Syndrome* guideline)

Management

Good supportive care is the mainstay of treatment. Adult patients rarely require critical care following oral ingestion. However, children may occasionally require airway support.

Decontamination: Activated charcoal 50g (paediatric dose 1g/kg) should be offered up to 2 hours post **ingestion** of medicinal cannabis or cannabis-containing products, where severe toxicity is expected

CNS depression

- Intubation and ventilation may be required for airway protection and respiratory support (children)

Agitation/adverse psychological effects (severe agitation is rare)

- **Benzodiazepines:** Diazepam 2.5 - 5 mg IV q10 minute or 5 -10 mg PO q30 minute until lightly sedated
- OR Droperidol:** 10 mg IM or 5-10mg IV initially.

Postural hypotension (rarely requires treatment)

- Treat initially with 20 mL/kg of IV crystalloid

Seizures

- Titrated doses of IV diazepam 5 mg (0.3mg/kg paediatric)

Cannabinoid Hyperemesis Syndrome (also exclude surgical causes)

- See separate *Cannabinoid Hyperemesis Syndrome* guideline

Disposition

Discharge adult if asymptomatic at 2 hours post ingestion. Mental health assessment is NOT routinely required. Children should be observed for 6 hours following possible oral exposure to cannabis-containing products