# Dextromethorphan (DXM)

Austin HEALTH

**DXM is often found in over-the–counter cough syrup preparations and is used recreationally. Some DXM preparations may contain paracetamol.**

## Toxicity / Risk Assessment

*DXM is a serotonin and norepinephrine reuptake inhibitor, opioid agonist and NMDA receptor antagonist*

*Onset of symptoms occurs within 30-60 minutes of ingestion*

*Significant toxicity is unlikely to occur in doses <7.5mg/kg*

*Typical preparations contain up to 3mg of DXM/mL of syrup*

*Some preparations may also contain paracetamol or anticholinergic agents*

**Clinical features:**

- **CNS:** Dilated pupils, euphoria, restlessness, anxiety, agitation, paranoia, ataxia, nystagmus, auditory and visual hallucinations, dissociation, psychosis
- Respiratory depression may occur in very large exposures
- **CVS:** Hypertension, tachycardia
- **Other:** Urinary retention
- **Serotonin toxicity**: In isolation or with co-ingestion of other serotonergic agents

Withdrawal after 2-3 days of abstinence in long-term users may occur: nausea, vomiting, diaphoresis, myalgias, diarrhoea, restlessness

## Management

Good supportive care is the mainstay of management

**Decontamination**: Activated charcoal is **not** recommended due to rapid absorption

Serum paracetamol screening is recommended if formulation is unknown

Patients with marked psychedelic effects should be nursed in a quiet environment with low lighting

**Agitation:**

- **Benzodiazepines*:*** Diazepam 2.5 - 5 mg IV every 10 mins, OR 5 –10 mg PO every 30 mins until sedated

  **OR Droperidol:** 5 – 10 mg IM / IV (if severe agitation)

**Seizures:**

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

**Serotonin Toxicity:**

(see separate ***Serotonin Toxicity*** guideline)

There is no role for enhanced elimination techniques

**Disposition:**

- Discharge if clinically well at 4 hours post exposure
- Exposures due to deliberate self-harm warrant mental health assessment



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