

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

## Toxicity / Risk Assessment

Lone benzodiazepine exposures in otherwise well patients usually only require supportive care.

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

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

Greater CNS depression and need for intubation, however, is observed following alprazolam overdose or exposure to illicit/non-prescription benzodiazepines

*\*Illicit/non-prescription benzodiazepines may contain long acting and more potent novel benzodiazepines*

### 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 alprazolam, illicit/non-prescription benzodiazepines or 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