

CHS is characterized by cyclical nausea, vomiting & abdominal pain in the setting of regular cannabis use. CHS is a diagnosis of exclusion.

## Toxicity / Risk Assessment

CHS typically occurs following long-term (months-years) of regular heavy cannabis use

The diagnosis of CHS is a diagnosis of exclusion

- Other causes of abdominal pain and / or vomiting must be excluded

## Clinical features:

- Severe cyclical vomiting often with abdominal pain
- Heavy regular cannabis use (typically > 1 year)
- Temporary relief with hot water (bath/ shower)

## Management

Treatment is predominantly supportive with detection and treatment of complications

Cessation of cannabis use is the only management intervention known to reduce the likelihood of recurrent episodes

## Nausea/Vomiting/Abdominal pain

- Droperidol IV/IM 1.25 mg stat (can be repeated after 15 minutes, max dose 20 mg in 24 hours)  
(OR haloperidol IV/IM 5 mg, max dose 20 mg in 24 hours)
- Dexamethasone IV 4-8 mg may be beneficial
- Ondansetron appears less efficacious than droperidol / haloperidol for treatment of CHS
- Capsaicin cream applied topically to abdomen twice daily (wear gloves) may be beneficial in some cases
  - Apply 0.075% cream to the peri-umbilical area (roughly 15 x 20 cm)
  - AVOID prolonged capsaicin topical exposure (do not use occlusive dressing)

## Supportive management

- Fluid and electrolyte replacement

## **Disposition:**

Patients in whom symptoms have resolved can be discharged once tolerating oral intake

Support efforts to stop cannabis use. Refer to Alcohol and Other Drugs Service as appropriate