

**Overdose causes sedation with associated anticholinergic effects including intermittent periods of agitation****Toxicity / Risk Assessment**

*Expect toxicity in any ingestion > 5x patients' usual dose*

*Ingestions > 400 mg: expect severe toxicity including coma*

*Children and olanzapine naïve patients are more susceptible*

**Clinical features:**

- Predominant anticholinergic toxidrome
- Onset usually within 1 – 2 hours (up to 4 hours)
- CNS: sedation, fluctuating agitation, miosis, ataxia, coma
- CVS: tachycardia, postural hypotension
- Other: urinary retention
- Rarely: ↑ QT, seizures, extrapyramidal effects (can be delayed), rhabdomyolysis
- **Post-injection delirium/sedation syndrome (PDSS)**
  - Onset within an hour (up to 4 hours) post IM injection
  - Clinical features include somnolence, confusion, dysarthria, sedation, dizziness, agitation/delirium
  - May last up to 72 hours

**Management**

Monitor and protect airway. Intubate as required.

**Decontamination:**

Activated charcoal (AC) 50g (Paediatric 1g/kg) within 2 hours of ingestion

All intubated patients should be administered AC via NG tube, regardless of time since exposure

**Agitation**

Check for urinary retention (treat with urinary catheter if present) 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 – see separate *Physostigmine* guideline)

Droperidol may be required in severe behavioral disturbance resistant to benzodiazepines

**Hypotension (Graduated approach)**

**Fluid:** Initially load with 10-20 mL/kg IV crystalloid.

**Norepinephrine infusion:** if hypotension resistant to fluid load up to 20 mL/kg

**Seizures (usually self-limiting)**

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

Dystonia (extrapyramidal side effect): Benztropine 1-2 mg IV

**Disposition:**

- Mental health assessment if no sedation + ambulating + voiding four hours post exposure
- Advise patient not to drive for at least 72 hours post exposure