Orphenadrine

Overdose is associated with severe life-threatening arrhythmias and anticholinergic toxicity.

Toxicity / Risk Assessment

- *First generation antihistamine used as analgesic and 'muscle relaxant'*
- *Life-threatening arrhythmias are secondary to sodium channel blockade and potassium channel blockade*
- *Ingestion > 1g or 15 mg/kg is associated with severe toxicity*

General clinical features:

- **CNS**: altered conscious state, sedation, agitated delirium, seizure
- **CVS**: tachycardia, arrhythmias (↑QRS and ↑QT), hypotension
- **Other anticholinergic features:** warm dry skin, urinary retention

Management: Manage in monitored or resuscitation area

Decontamination: Activated charcoal (50 g) should be offered to alert cooperative patients within 2 hours of ingestion. Patients with severe toxicity should receive activated charcoal (50 g) via NGT post intubation.

Widened QRS duration > 120ms OR Ventricular arrhythmias

- effectiveness of serum alkalinization for orphenadrine is variable, see separate '*QRS prolongation guideline*'

Prolonged QT interval

- see separate '*QT prolongation*' guideline'

Optimize electrolyte especially K^+ to maintain 4.0-5.0 mmol/L

Hypotension

- Initial 20 mL/kg crystalloid. Norepinephrine for resistant hypotension despite IV fluid.

Seizures

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

Anticholinergic delirium

- Exclude urinary retention
- Supportive care +/- titrated doses of diazepam (5-10mg oral 30 minutely PRN or IV 10-15 minutely PRN)
- Consider physostigmine (discuss with clinical toxicologist – see separate guideline)
- Droperidol may be required in severe behavioural disturbance resistant to benzodiazepines

Disposition

- Discharge pending mental health assessment if asymptomatic + normal vital signs + ECG at least 6 hours post exposure