



Clinical Practice Guidelines: Toxicology and toxinology/Benzodiazepine

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Date	January, 2020
Purpose	To ensure a consistent approach to the management of benzodiazepine poisoning.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Benzodiazepine

January, 2020

Benzodiazepines are sedative agents which act by potentiating the effects of the inhibitory neurotransmitter GABA within the CNS. They are one of the most common prescription drugs used in self-poisoning. [1] Benzodiazepines are very addictive and are commonly abused recreationally.

Examples of benzodiazepines include:

- Alprazolam
- Clonazepam
- Diazepam
- Nitrazepam
- Oxazepam
- Temazepam
- Lorazepam

Clinical features



- Symptoms usually manifest within 4–6 hours
 - ataxia
 - drowsiness
 - slurred speech
 - decreased level of consciousness
- Hypotension, bradycardia and hypothermia are possible with very large ingestions.
- Co-ingestion of other CNS depressants (e.g. alcohol) compounds toxicity.

Risk assessment



- For isolated benzodiazepine overdoses, full recovery is expected when good supportive care is provided.
- Features suggesting a higher risk of complications, such as aspiration:
 - older persons
 - cardiorespiratory comorbidity
 - co-ingestion of other CNS depressants



Additional information

- Profound coma suggests co-ingestion of a CNS depressing agent (e.g. alcohol).

