



Clinical Practice Guidelines: Toxicology and toxinology/ Psychostimulant emergencies

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Date	January, 2020
Purpose	To ensure a consistent approach to the management of psychostimulant emergencies.
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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Psychostimulant emergencies

January, 2020

Psychostimulants are compounds that activate the sympathetic nervous system. They are often abused, with amphetamines being the second most commonly used illicit drug in Australia after cannabis.^[1] They can be administered orally, intravenously or inhaled. Intravenous drug use typically suggests a higher level of dependence and has a greater potential for toxicity.

Psychostimulants can be prescribed or obtained illicitly. Common pharmaceutical psychostimulants include caffeine, dexamphetamine, methylphenidate, ephedrine and pseudoephedrine. Illicit examples include cocaine, methylenedioxymethamphetamine (MDMA), amphetamine and methamphetamine.

Acute psychostimulant intoxication causes significant morbidity. Agitation and paranoia are common, particularly with more potent preparations like methamphetamine. In severe cases, an acute behavioural disturbance can occur which requires urgent sedation. These features, including psychosis, usually resolve with the resolution of toxicity.^[2] Uncommonly, psychostimulant intoxication can lead to life threatening complications such as hyperthermic crisis, myocardial ischaemia, and intracranial haemorrhage.



Clinical features

Mild

- Euphoria
- Restlessness
- Mydriasis (dilated pupils)
- Tachycardia
- Bruxism (MDMA)

Moderate

- Paranoia
- Psychomotor agitation
- Diaphoresis
- Hypertension

Severe

- Acute behavioural disturbance
- Psychosis
- Hyperthermia
- Myocardial infarction
- Intracranial bleed
- Seizures
- Rhabdomyolysis
- Renal failure

CPG: Clinician safety
CPG: Standard cares

Acute behavioural disturbance
with the potential risk of harm
to self or others?

Consider:

- Verbal de-escalation
- QPS assistance
- Physical restraint
- EEA

Manage as per:

CPG: Sedation – Acute
behavioural disturbance

N

Provide:

- Reassurance
- Symptomatic treatment

Features of sympathetic
hyperstimulation?

- Severe headache
- Chest pain
- Hyperthermia
- Focal neurology

Manage as per appropriate CPG:

- CPG: Hyperthermia
- CPG: Acute coronary syndrome
(do not give thrombolysis)
- CPG: Seizures

N

Transport to hospital
Pre-notify as appropriate

Note: Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.