Drug Use and Drug-use Disorders

Assessment and Management Guide » for Emergency Cases

1. Is the person suffering from a sedative overdose ?

Opioid overdose or other sedative overdose or mixed drug with or without alcohol overdose?
- » Unresponsive or minimally responsive
- » Slow respiratory rate
- » Pinpoint pupils (opioid overdose)

YES

If
- » Respiratory rate < 10 **OR**
- » Oxygen saturation < 92 %

- » Treat **airway, breathing and circulation**
- » **Naloxone 0.4 mg subcutaneous, i.m. or i.v., repeat if necessary (for opioid overdose – but ineffective for other sedative overdose).**
- » Observe for 1 – 2 hours after naloxone administration.
- » For overdoses due to long acting opioids – transport to hospital ✚ for naloxone infusion or ventilatory support.

If unresponsive to naloxone
- » *provide airway and ventilatory support and transport to hospital*

2. Is the person in a state of acute stimulant intoxication or overdose?

- » Dilated pupils
- » Excited, racing thoughts, disordered thinking, paranoia
- » Recent use of cocaine or other stimulants
- » Raised pulse and blood pressure
- » Increased risk of aggressive, erratic, or violent behaviour

YES

Cocaine or amphetamine-type stimulants intoxication or overdose

- » Give diazepam in titrated doses until the person is calm and lightly sedated.
- » If psychotic symptoms do not respond to benzodiazepines, then consider using short-term antipsychotics.
- » **DO NOT** commence long-term antipsychotics. ✪
- » Monitor blood pressure, pulse rate, respiratory rate, temperature every 2 – 4 hours.
- » If the person complains of chest pain, if tachyarrhythmias are present or if the person becomes violent or unmanageable, transfer the person to hospital. ✚
- » During the post-intoxication phase – be alert for suicidal thoughts or actions.

3. Is the person suffering from acute opioid withdrawal?

- » History of opioid dependence, recent heavy use ceasing in the last days
- » Muscle aches and pains, abdominal cramps, headaches
- » Nausea, vomiting, diarrhoea
- » Dilated pupils
- » Raised pulse and blood pressure
- » Yawning, runny eyes and nose, pilo-erection ("gooseflesh"),
- » Anxiety, restlessness

YES

Opioid withdrawal

- » Treat with reducing doses of opioids (methadone, buprenorphine) or alpha-adrenergic agents (clonidine, lofexidine) using either supervised dosing or daily dispensing.
- » Treat specific symptoms as needed (diarrhoea, vomiting, muscle pain, insomnia).
- » Consider starting opioid agonist maintenance treatment.
- » Oral or i.v. rehydration, if necessary.