

# Opioid Poisoning



# Clinical features

- Cardinal signs of opiate poisoning are pinpoint pupils, reduced respiratory rate and coma. Hypothermia, hypoglycaemia and convulsions are occasionally observed in severe cases.
- Noncardiogenic pulmonary oedema has been reported in severe heroin overdose.



# Management

- Intravenous naloxone will reverse respiratory depression and coma, at least partially. In severe poisoning, an initial dose of 1.2 mg is likely to be required and repeat doses necessary.
- Lower doses (0.4–0.8 mg) may suffice in less severe cases and if precipitating opioid withdrawal is a concern.



# Management

- The duration of action of naloxone is often less than the drug taken in overdose; for example, methadone, which has a very long half-life.
- For this reason, an infusion of naloxone is often required. Non-cardiogenic pulmonary oedema should be treated with mechanical ventilation.



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