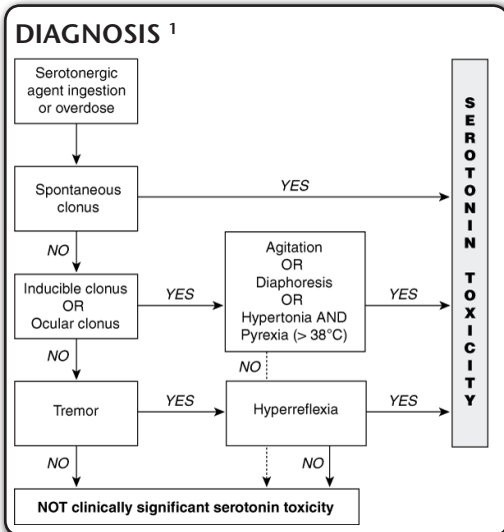


TREATMENT OF SEROTONIN TOXICITY



DRUG DOSES

CYPROHEPTADINE -12mg PO/NG STAT THEN 8mg EVERY 6 HOURS

CHLORPROMAZINE – 25mg IM (may drop blood pressure)

DIAZEPAM – 10mg IV (large doses may be required e.g. 40mg)

DANTROLENE – 1-2.5mg/kg (repeated up to 10mg/Kg)

LORAZEPAM – 4mg IV (additional doses may be required)

INITIAL BLOOD INVESTIGATION SET

FBC + COAG + U&E + LFT + Ca + PO₄ + GLUCOSE + CK + Mg + VENOUS GAS

RSI & SEROTONIN TOXICITY

DO NOT USE FENTANYL/ALFENTANYL DUE TO SEROTONERGIC ACTION

DO NOT USE SUXAMETHONIUM DUE TO HYPERKALAEMIA

RECOMMENDATIONS

THIOPENTONE 3-5MG/KG (AVOID KETAMINE)

ROCURONIUM 1MG/KG FOR INDUCTION

ATRACURIUM FOR ON GOING MUSCLE PARALYSIS

MILD TOXICITY

FEATURES

ANXIETY
RESTLESSNESS
PALPITATIONS

TREATMENT

PO BENZODIAZEPINE

MODERATE TOXICITY

FEATURES

TEMP 38-39.9°C
TACHYCARDIA, SWEATING
CLONUS, HYPER-REFLEXIA
AGITATED, HALLUCINATIONS

TREATMENT

BEGIN COOLING MEASURES
IV FLUIDS 1-2 LITRES
IV BENZODIAZEPINE
(REPEATED AS NECESSARY)
CYPROHEPTADINE

SEVERE TOXICITY

FEATURES

≥TEMP 40°C
TACHYCARDIA, HYPERTENSION, SWEATING
HYPERTONICITY, HYPERREFLEXIA
MENTAL OBTUNDATION

TREATMENT

AGGRESSIVE COOLING
IV FLUIDS 1-2 LITRES
IV BENZODIAZEPINE
RSI + ONGOING PARALYSIS
CYPROHEPTADINE OR CHLORPROMAZINE
CONSIDER DANTROLENE
IV 1.26% NaHCO 500ML (FOR RHABDOMYOLYSIS)

SUPPORTIVE CARE

PYREXIA

Use cooled fluids IV and for bladder lavage
Ice over whole body
Antipyretics have no role

HYPOGLYCAEMIA

IV Dextrose 50 ml 50% (may need many repeat doses)

HYPERKALAEMIA

IV 1.26% Sodium Bicarbonate 500ml
IV Calcium Gluconate 20ml 10% solution
Avoid insulin in hypoglycaemic patients

RHABDOMYOLYSIS

IV fluids
IV 1.26% NaHCO 500ml

1. Isbister GK, Buckley NA, Whyte IM. Serotonin toxicity: a practical approach to diagnosis and treatment. Med J Aust 2007; 187:361-365