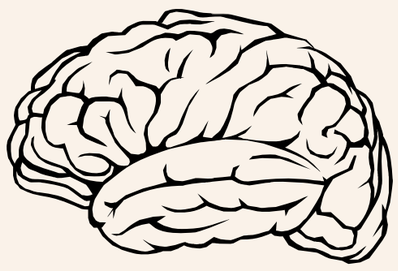
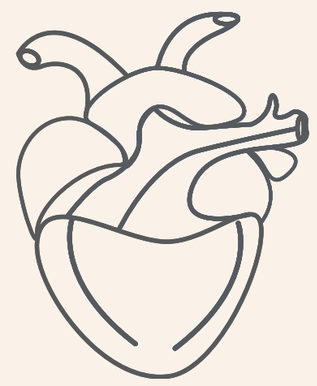
EMERGENCY MANAGEMENT OF

Cocaine overdose



Anxiety
Agitation
Seizures
Hypertonia/reflexia
Hyperthermia

Tachycardia
Hypertension
Arrhythmia
ACS (vasospasm or thrombosis)



GENERAL MANAGEMENT

A-E assessment
B - give oxygen to maintain SpO_2 94-98%
C - cardiac monitoring, obtain IV access, send bloods including troponin, creatine kinase in case of rhabdomyolysis
D - if agitated give IV benzodiazepine e.g. diazepam 5-10mg
- check BM - hypoglycaemia presents with autonomic symptoms
E - remove residual cocaine from nasal use
- consider cooling measures if significant hyperthermia
Monitor until no longer ↑HR or ↑BP - if normal obs can usually be discharged after 2-6 hours observation

CHEST PAIN

6% incidence of MI
- aspirin 300mg
- GTN sublingual/infusion
- ↑ dose of benzo + morphine
- phentolamine 2nd line

HYPERTENSION

- ↑ dose of benzodiazepine
- IV nitrate infusion
Avoid beta blockers - leads to unopposed α-stimulation → vasoconstriction

Ischaemic ECG changes often resolve - but discuss with GJNH if cardiac risk factors, age >40 or if non-responsive to treatment

SVT / AF

- ↑ dose of benzodiazepine
- verapamil 2nd line

VF

- ↑ dose of benzodiazepine
- IV NaHCO3 overrides Na channel blockade
- lignocaine 2nd line

CEM.SCOT.NHS.UK/ADULT/COCAINE.PDF