



# Clinical Practice Guidelines: Toxicology and toxinology/Opioids

<b>Policy code</b>	CPG_TO_OP_o821
<b>Date</b>	August, 2021
<b>Purpose</b>	To ensure a consistent approach to the management of Opioid poisoning.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
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<b>Review date</b>	August, 2024
<b>Information security</b>	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
<b>URL</b>	<a href="https://ambulance.qld.gov.au/clinical.html">https://ambulance.qld.gov.au/clinical.html</a>

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Opioid analgesics are widely available, including over the counter agents.<sup>[1]</sup> These agents may be fatal in children even in small doses. They are addictive and often abused for their euphoric properties. Tolerance and dependence is common.

### Common types of opioids include:

- Heroin
- Morphine
- Fentanyl
- Oxycodone
- Codeine
- Buprenorphine
- Hydromorphone
- Methadone
- Tramadol
- Tapentadol

### Clinical features



#### Opioid toxidrome

- Miosis (constricted pupils)
- Sedation/coma
- Respiratory depression

#### Complications of opioid intoxication

- Aspiration
- Hypothermia
- Rhabdomyolysis AND/OR pressure areas

### Risk assessment



- Opioid intoxication can be fatal secondary to respiratory depression or airway obstruction, especially in children and those naïve to opioid medications.
- Supportive care (including ventilation) is often all that is required.
- Naloxone can be used to reverse severe opioid toxicity.<sup>[2]</sup>



### Additional information

- Drug related deaths in Australia are often caused by ingestion of a combination of medications that includes opioids.
- A rebound effect with re-occurrence of opioid toxicity can occur after the administration of naloxone given it's relatively short half-life. This is particularly important with longer acting opioids such as methadone or slow release preparations.
- Tramadol overdose is associated with seizures occurring in 11% of patients in one series.<sup>[1]</sup>
- Methadone can cause QT prolongation and in overdose has been associated with hypoglycaemia.<sup>[3]</sup>

