Policy code | CPG_TO_BE_0120
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Date | January, 2020
Purpose | To ensure a consistent approach to the management of benzodiazepine poisoning.
Scope | Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting | Pre-hospital assessment and treatment.
Population | Applies to all ages unless stated otherwise.
Source of funding | Internal – 100%
Author | Clinical Quality & Patient Safety Unit, QAS
Review date | January, 2023

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**Benzodiazepine**

**Benzodiazepines** are sedative agents which act by potentiating the effects of the inhibitory neurotransmitter GABA within the CNS. They are one of the most common prescription drugs used in self-poisoning. Benzodiazepines are very addictive and are commonly abused recreationally.

**Examples of benzodiazepines include:**

- Alprazolam
- Clonazepam
- Diazepam
- Nitrazepam
- Oxazepam
- Temazepam
- Lorazepam

**Clinical features**

- Symptoms usually manifest within 4–6 hours
  - ataxia
  - drowsiness
  - slurred speech
  - decreased level of consciousness
- Hypotension, bradycardia and hypothermia are possible with very large ingestions.
- Co-ingestion of other CNS depressants (e.g. alcohol) compounds toxicity.

**Risk assessment**

- For isolated benzodiazepine overdoses, full recovery is expected when good supportive care is provided.
- Features suggesting a higher risk of complications, such as aspiration:
  - older persons
  - cardiorespiratory comorbidity
  - co-ingestion of other CNS depressants

**Additional information**

- Profound coma suggests co-ingestion of a CNS depressing agent (e.g. alcohol).
Note: Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.