



Poison HOTLINE

1-800-222-1222

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Did you know

The safety and efficacy of the use of benzonatate in children 10 years of age and under has not been established.

Benzonatate is available as 100 mg or 200 mg capsules which should be swallowed whole. Do not break, chew or crush the capsule as the medicine can produce a temporary numbing of the mouth which may lead to choking.

Benzonatate may be attractive to children because of the drug's appearance as a round-shaped liquid-filled gelatin capsule. Ingestion of as little as 1 or 2 capsules in children two years old and under may result in overdose. Call poison control at **1-800-222-1222** with any exposure in young children.

Tessalon Perles (benzonatate)

The cough and cold season is upon us and patients who are having a particularly bothersome cough may seek out their medical provider for relief. Tessalon Perles (benzonatate) is a popular, non-narcotic alternative for treating troublesome coughs. But, did you know, overdoses of benzonatate have caused death in the poisoned patient? In recent years the number of benzonatate exposures reported to the Iowa PCC has continued to increase.

Benzonatate suppresses cough by its local anesthetic action on respiratory stretch receptors. As it is very similar to other local anesthetics, it is thought that its toxic effects, especially to the central nervous and cardiovascular systems, are caused by sodium channel blockade (as occurs with other local anesthetics).

Patients with mild exposures generally exhibit an increase in the normal effects of the drug – numbing of the exposed area – which occur in the mouth and throat after an oral ingestion. Significant clinical effects include tachycardia, hypotension, agitation, seizures, status epilepticus, coma, ventricular dysrhythmias, cardiac arrest and asystole. Severe toxicity is rare ($\leq 1\%$ of patients), but can result in death. Fatalities tend to be caused by cardiac dysrhythmias rather than seizures.

Most benzonatate exposures require only supportive care. If patients present soon after exposure, activated charcoal may be considered. However, given the drug's rapid absorption and the risk of seizures, activated charcoal should be given only if the patient is alert, able to protect the airway, and the exposure has just recently occurred. The majority of exposures will have only mild symptoms (e.g. numbing of the oropharynx) and require only observation to ensure patients do not choke or go on to have severe toxicity.

Patients with CNS depression, recurrent seizures or hemodynamic instability require early intubation. Treat QRS widening or ventricular dysrhythmias initially with sodium bicarbonate. Use lidocaine and the ACLS protocol for ventricular dysrhythmias not responsive to bicarbonate. Monitor arterial blood gases and serial ECG. Treat seizures with benzodiazepines; if seizures persist or recur, add propofol or barbiturates.

*Grant Houselog PharmD, SPI
Specialist in Poison Information*



Hotline Editor: Edward Bottei, MD

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