



Poison HOTLINE

Partnership between Iowa Health System and
University of Iowa Hospitals and Clinics

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Welcome to the first issue of **Poison Hotline**. The Iowa Statewide Poison Control Center's (ISPCC) e-newsletter will be distributed monthly for the purpose of keeping health care providers informed of poison center activities and providing updated information in the care and management of poisoned patients.

Did you know

National Poison Prevention Week (NPPW) is March 15-21, 2009. If you would like to promote NPPW in your area, contact the ISPCC at 1-800-222-1222 to receive a NPPW packet with poison prevention brochures and phone stickers or order materials on-line at www.iowapoisson.org.

**POISON
Help**
1-800-222-1222

A Little Byte of Poison

Romazicon® (Flumazenil): An antidote with a problem.

Flumazenil is indicated for the complete or partial reversal of benzodiazepine-induced sedation after general anesthesia, or after diagnostic or therapeutic procedures. Flumazenil reverses sedation, but does not consistently reverse respiratory depression. Therapeutic use can cause dysrhythmias, bradycardia, tachycardia, hypotension, hypertension, agitation, anxiety, increased muscle tone, hyperesthesia and seizures. Dizziness, nausea, vomiting, increased sweating, headache, blurred vision and injection site pain are its most common adverse effects. Seizures may occur with flumazenil, especially in cases of cyclic antidepressant or other mixed drug overdose. There is no known benefit of treatment with flumazenil in a mixed drug overdose patient who is in critical condition. Flumazenil should NOT be used in cases where seizures are likely, from any cause.

(Prod Info ROMAZICON® IV injection, 2004; Thomson et al, 2006).

Flumazenil can precipitate withdrawal and seizures in patients who are benzodiazepine dependent. Patients with agitation, coma, sympathetic hyperactivity, anticholinergic syndrome, seizures, QRS duration > 100 msec, QTc prolongation, localizing neurologic signs, myoclonus, hypertonia and hyperreflexia are at an increased risk for seizures or dysrhythmias and flumazenil should not be used in these patients.

Benzodiazepines are widely used and have a high degree of safety even in large overdoses. The clinical course of an overdose is characterized primarily by CNS depression; when combined with other sedatives, such as alcohol, coma and respiratory depression may be seen. With appropriate supportive care, most obtunded patients awaken within 12 to 36 hours following an acute overdose. On the other hand, flumazenil may cause more harm than good. Based on the problems associated with flumazenil and the fairly benign course of a benzodiazepine overdose, flumazenil is not recommended in an overdose situation. Call the Iowa Poison Center for assistance in treating a benzodiazepine overdose and before using flumazenil.

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Post and share this edition of **Poison Hotline** with your colleagues. Send comments or questions to Poison Hotline, 712-234-8775 (fax) or nobletf@ihs.org. To subscribe or unsubscribe from this distribution list, contact the Iowa Poison Center education office at 712-279-3717. Read past issues of **Poison Hotline** at www.iowapoisson.org.