



Poison HOTLINE

1-800-222-1222

February 2022



Did you know

The IPCC has open positions for a Nurse or Pharmacist Specialist in Poison Information (SPI)! SPIs are the first point of contact for those calling the Poison Help Hotline and provide immediate telephone triage, assessment, management and follow-up advice for emergency and informational telephone calls received from the public and healthcare providers in Iowa.

To learn more about the current open positions and to sign up for future RSS feeds to stay up to date on job openings visit:

<https://www.iowapoisson.org/about-us/careers>

Diphenhydramine – An Antihistamine

Diphenhydramine (DPH) is a sedating first-generation antihistamine and a competitive antagonist of histamine at the H1 receptor. It is most commonly used to treat allergic reactions but is also used as a sleep aid and to treat or prevent motion sickness. Unfortunately, it can also be taken as a drug of abuse.

In overdose you can see anti-muscarinic (anticholinergic) effects, ECG changes, seizures and CNS effects, particularly hallucinations. Poisoning can occur via oral, parenteral or dermal routes.

Mild to moderate exposures can result in the following anti-muscarinic effects: mydriasis, flushing, fever, dry mouth, tachycardia, urinary retention, decreased bowel sounds. Other effects include lethargy, hypertension, nausea and vomiting. In moderate exposures, agitation, hallucinations and confusion can develop.

Severe poisoning can cause delirium, psychosis, seizures, hypotension, coma, QRS widening and ventricular dysrhythmias. Rhabdomyolysis and renal failure can develop in patients with seizures, prolonged agitation or coma.

The majority of DPH overdoses require only symptomatic and supportive care.

- Tachycardia and hypertension are usually mild and well tolerated, and many times no specific treatment is needed.
- For patients that are more symptomatic, sedation with benzodiazepines for agitation, tachycardia, tremors, delirium and seizures is the main recommended treatment. Patients with severe delirium can require large doses of benzodiazepines for sedation.
- Monitor for QRS widening (> 100 msec) from sodium channel blockade and treat with IV sodium bicarbonate.
- Monitor core body temperature. External cooling and aggressive benzodiazepine sedation is a must for treating hyperthermia and agitation.
- Early intubation to protect the airway may be indicated in severe toxicity (coma, dysrhythmias, seizures, severe delirium).
- IV lipid rescue therapy may be a consideration for patients with recurrent ventricular dysrhythmias, refractory seizures or refractory hypotension.

Symptoms can be prolonged, occasionally lasting days, due to delayed absorption from anti-muscarinic effects. Patients should be monitored until they are symptom free, and the QRS, vital signs and mental status have all returned to normal.

Call the IPCC at **1-800-222-1222**, available 24/7, for assistance with treatment and management of any poisoned patient.

*Susie Eades, RN, CSPI
Certified Specialist in Poison Information*



Hotline Editor: Edward Bottei, MD

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