



Poison HOTLINE

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

February 2011



Did you know

March 20-26, 2011 is National Poison Prevention Week

Three quick and easy ways to get involved:

- Send a FREE packet full of poison prevention information to someone in your family or to a friend.
- Order and distribute free poison prevention materials, including phone stickers and magnets, to your family and community.
- Give a presentation on poison safety to a parent group or to school children. Videos and a curriculum outline are available from the ISPCC to assist you.

Call the ISPCC at 1-800-222-1222 to get involved.

Methadone

Methadone is a Schedule II, long-acting synthetic opioid drug. It is commonly used to treat opioid addiction because it causes less of an intoxicating or euphoric “high” than other opioids, and it is able to suppress opioid withdrawal symptoms for 24-36 hours. Methadone is also used to treat chronic pain. It is available in tablet, dissolvable tablet, liquid, liquid concentrate and injectable forms.

There is little margin of safety in the therapeutic methadone dosing for an opioid tolerant person. Even small doses are potentially lethal for a non-opioid tolerant person. Children are particularly at risk of toxicity; a single 10 mg methadone tablet is potentially lethal for a 10 kg child.

Methadone overdoses result from abuse of methadone as well as suprathreshold dosing for the management of pain. Overdoses are associated with CNS and respiratory depression. Other clinical effects include miosis, vomiting, bradycardia, and hypotension. Methadone prolongs the QT interval by interacting with the potassium channels in the heart. Individuals with QT intervals > 500 msec are at risk for *Torsades de Pointes*.

Synthetic opioids like methadone are usually not detected on most urine drug screens.

Treatment of methadone overdose consists of monitoring vital signs and mental status. Obtain an EKG and initiate continuous cardiac monitoring. Naloxone (Narcan) is an opioid antagonist which reverses the coma and respiratory depression caused by opioids. However, naloxone can cause opioid withdrawal in opioid-dependent patients. A continuous infusion of naloxone is likely necessary to treat a methadone overdose, as the duration of action for naloxone (1 to 2 hours) is much shorter than the duration of action of methadone (24 hours).

Contact the ISPCC at **1-800-222-1222** for guidance on the use of naloxone in methadone and other opioid overdoses.

*Tammy Noble, RN, BSN
Certified Specialist in Poison Information*

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

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.iowapoison.org.