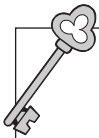


Identifying intoxication and overdose

In detoxification settings, always assess the possibility that the patient is intoxicated. Some serious medical conditions can mimic intoxication. Objective observations should be given more weight than the patient's report.



Indications of intoxication

Behavioural and physical signs

Alcohol: loss of control of voluntary movements, slurred speech, disinhibition, low blood pressure, smells of alcohol

Benzodiazepines: slurred speech, loss of control of voluntary movements, sedation, nystagmus (repetitive eye movement), low blood pressure, drooling, disinhibition

Opioids: pinpoint pupils, sedation, low blood pressure, slowed pulse, itching and scratching

Maladaptive behaviour

Evidence of intoxication by history and physical examination

Blood alcohol level by breath analysis, saliva testing or urine or blood testing for alcohol and other drugs

Managing intoxication

Assessment is urgent if intoxication is pronounced, and medical assessment is required if intoxication is worsening or affecting breathing, blood pressure or level of consciousness.

Identify the most recent drug type, dose and time consumed.

Consider the possibility that underlying illness (e.g., concussion, subdural haematoma, infections, diabetes) may be the cause of apparent intoxication.

Check for possible head injury if the patient is incoherent, disoriented or drowsy.

Monitor the airway if breathing is affected or consciousness is impaired, as death may occur from respiratory depression or aspiration pneumonia.

Keep intoxicated patients under observation until their intoxication diminishes and they are considered safe. If the intoxication does not diminish, assess the patient for other possible causes of his/her condition.