

Overdose Response – Management of Overdose from Suspected Benzodiazepine or Similar Substances

Site Applicability:

VCH: Insite and supervised consumption sites

VCH: Vancouver Community Sites

All VCH supported overdose prevention sites

Housing overdose prevention services

Staff Applicability:

Program Workers

Nurses: LPN, RPN, RN

Non-regulated care providers such as harm reduction workers and peers

This guideline is intended to support the staff working in settings where opioid overdose management is:

- The main purpose of service,
- The expectation of clients who access the service for care, and
- Supported by onsite clinical equipment which may include: triangle respiration masks, bag-valve-masks, SpO2 monitors, oxygen, and/or simple face masks.

Background and Objectives:

In recent weeks, there have been numerous incidents of overdoses caused from substances other than opioids, in particular benzodiazepine or benzo-like drugs such as etizolam. These substances have been found as the main component after drug testing. In these cases, overdose presentation is similar to that for an opioid overdose, however, the response and management requires different interventions. The purpose of this document is to support staff in responding to overdoses presenting with benzo-like symptoms to prevent risk of harm to the client needing clinical intervention.

Procedure:

1. Call 911:

- Upon initial assessment, the person is unconscious, or not waking up with pain stimulation: call 911, no exception.
- If person is drowsy or nodding, and status does not improve after administering two doses of naloxone call 911:
 - when respiratory rate is below 10/minute
 - spO2 is below 90%

- low heart rate
- to rule out other concerns such as heart attack, stroke, head injury
- suspected overdose due to fentanyl/carfentanil
- suspected/confirmed benzo or benzo-like overdose

To reverse benzodiazepine overdose, the person needs to be transferred to hospital in order to be administered with a benzo-antagonist drug called Flumazenil. If the overdose is caused by confirmed/suspected benzo, communicate this to the EHS team when transferring the hospital.

Overdoses may be due to a combination of benzos and opioids. The opioid that is present may be fentanyl or carfentanyl which may need to follow the Stage 3: Complicated Overdose Management, [calling 911](#).

2. Assess for signs of benzo-like OD symptoms:

- Difficulty breathing or not breathing at all leading to cyanosis (blue lips or fingertips)
- Hypoxia (lack of oxygen) leads to confusion and not being oriented to person/place/and/or time
- Weakness and uncoordinated muscles, dizziness, and potential coma
- The risk of these is significantly increased when mixed with opioids or alcohol

These symptoms are similar to symptoms of opioid overdose. Therefore it can be difficult to differentiate the type of overdose.

3. Intervention:

If unsure whether overdose is due to opioids vs other substances:

- Administer naloxone as per opioid overdose response guidelines in case of suspected opioid overdose.
- Where suspected benzo or non-opioids is the cause of overdose, administer naloxone based on respiratory rate, continue to assess and support ventilations. Naloxone does not work on non-opioid drugs. When naloxone is given in this case, the person may not wake up after naloxone injection but may still be breathing.
- If the cause of overdose is unknown, administer naloxone until the person is breathing again. The person may appear somnolent and non-responsive, but is clearly breathing. Stop administering naloxone if this is the case.
- Apply oxygen as per opioid overdose guideline.

4. Monitor after naloxone and/or oxygen:

Ensure the person is breathing:

- Monitor as per naloxone administration guidelines.
- Place person in recovery position. Do not reposition sitting in a chair due to risk of airway restriction and falls risk.
- Check vital signs with focus on respiratory rate, heart rate, oxygen saturation/SpO2

- Closely assess person's airway and oxygen:
 - Improved central and peripheral circulation can be seen with improved warmth to skin and returned normal skin tone
 - Ensure airway patency- head tilt/chin lift or jaw thrust
- If respiratory status improves, but person still appears drowsy/sedated and minimally responsive:
 - Allow to sleep and monitor closely as listed above
 - Do not allow more than 2 clients to remain in this state for observation at the site while caring for others who are actively using as it is very challenging for staff to manage. Due to the half-life of naloxone, there is a risk for the person to decompensate again, therefore, need to limit the number of people being monitored.

References:

Baldwin, D. S., Aitchison, K., Bateson, A., Curran, H. V., Davies, S., Leonard, B., & Wilson, S. (2013). **Benzodiazepines: Risks and benefits. A reconsideration.** *Journal of Psychopharmacology*, 27(11), 967-971 Retrieved from: <https://drugabuse.com/benzodiazepines/overdose/>