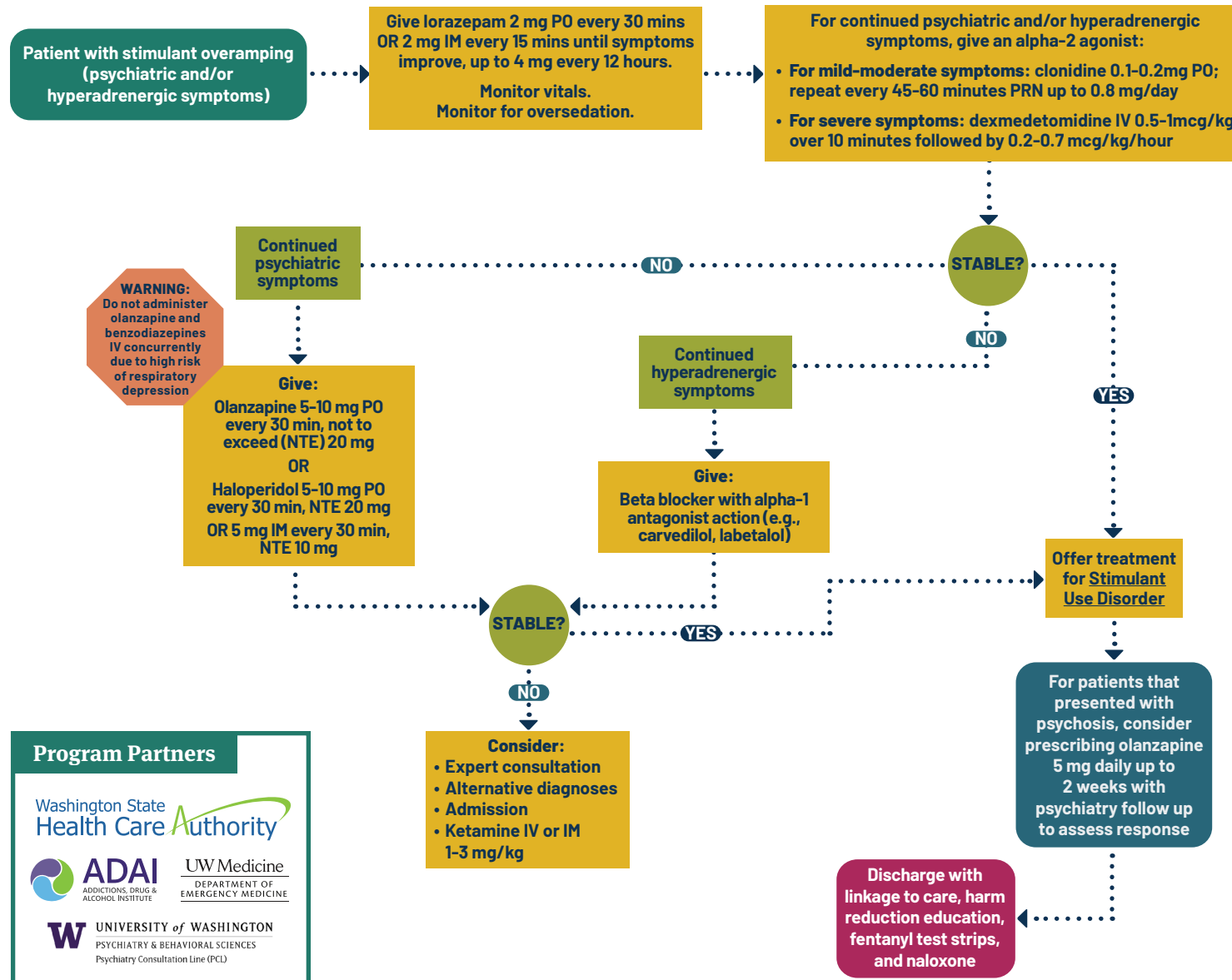


Emergency Department Care of Acute Stimulant Intoxication (Overamping)



Considerations

Overamping refers to acute toxic effects of high doses or extended use of high-potency psychostimulants like methamphetamine and cocaine.

High-potency stimulants can be acutely vascular and neuro-toxic.

Prolonged exposure can accelerate development of chronic cardiovascular and neurologic pathology.

Hyperadrenergic symptoms may include tachycardia, hypertension, hyperthermia. Initial blood pressure goal should be to lower SBP by no more than 20% from pre-treatment.

Psychiatric symptoms may include: psychosis, paranoia, hallucinations, agitated delirium.

- Use de-escalation techniques.
- Monitor for suicidality.
- Evaluate for and address any additional underlying causes of agitation.
- It is difficult to distinguish between stimulant-induced psychosis and primary psychosis. In the acute setting, the treatment is the same. Patients should be referred for ongoing management.

Consult (e.g., toxicology, cardiology) for complex cases. The WA Poison Center can be reached at 800-222-1222.

Potential Complications

Chest Pain

- Vasodilator (calcium channel blocker, nitroglycerin)

QRS Widening (cocaine-induced)

- Sodium bicarbonate

Hypertensive Emergency

- Use short-acting agents (nitroprusside, phentolamine, dihydropyridine calcium channel blocker)
- Avoid long-acting agents due to risk of hemodynamic collapse
- Add nitroglycerin for cardiac ischemia

Seizures

- First-line: Benzodiazepines
- Refractory seizures: Phenobarbital or propofol

Myocardial infarction, hyperthermia/heat stroke, metabolic acidosis, rhabdomyolysis

- Use existing hospital protocols

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