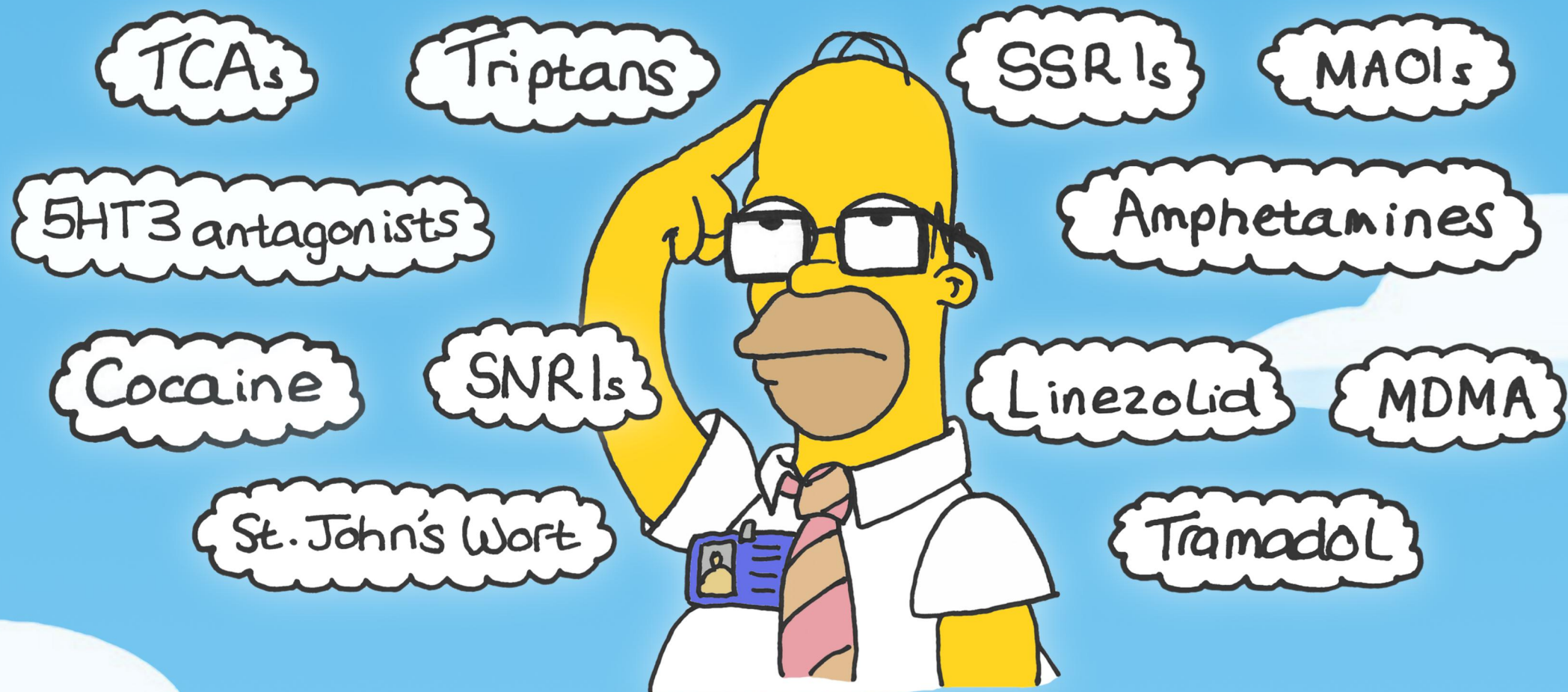


# SEROTONIN SYNDROME

@PANDORASPILMAN #EMB

## What Drugs Cause It?



\* more likely to occur if exposure to 2 or more drugs\*

## Management

### Convulsions



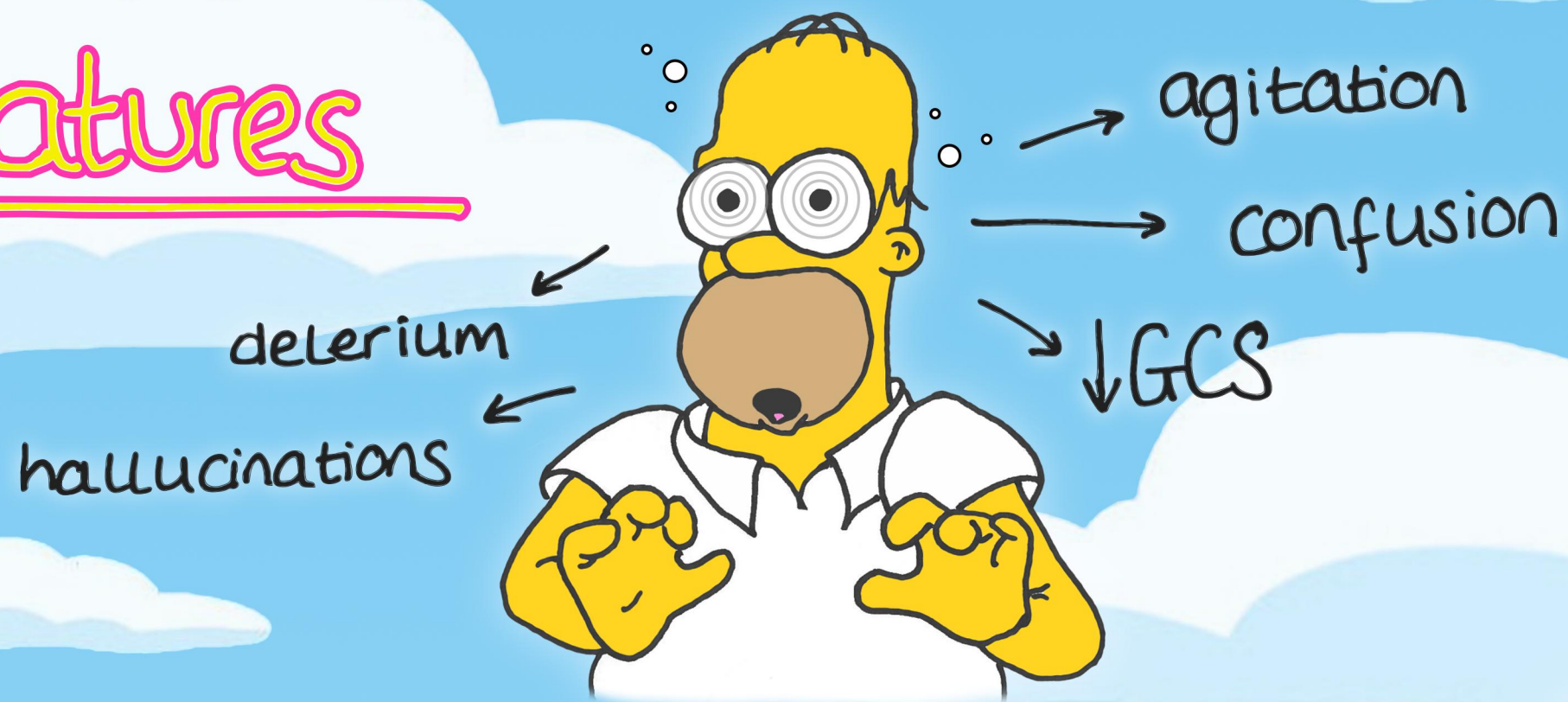
- 1<sup>st</sup> line = **lorazepam** 4mg IV
- may require repeat dose of benzodiazepines
- 2<sup>nd</sup> line = barbiturates  
↳ **phenobarbital sodium** 10mg/kg. Max rate 100mg/min. Max dose 1g

### Agitation and Delirium



- 1<sup>st</sup> line = **diazepam** (PO/IV) 0.1-0.3mg/kg  
↳ repeat dose IV can be given after 10-15 mins if patient remains agitated
- 2<sup>nd</sup> line = **Haloperidol** 5-10mg PO or 2-10mg IV  
\* CONTRAINDICATED IN PARKINSONS DISEASE \*
- severe cases - consider **chlorpromazine** 12.5-25mg IV

## Features



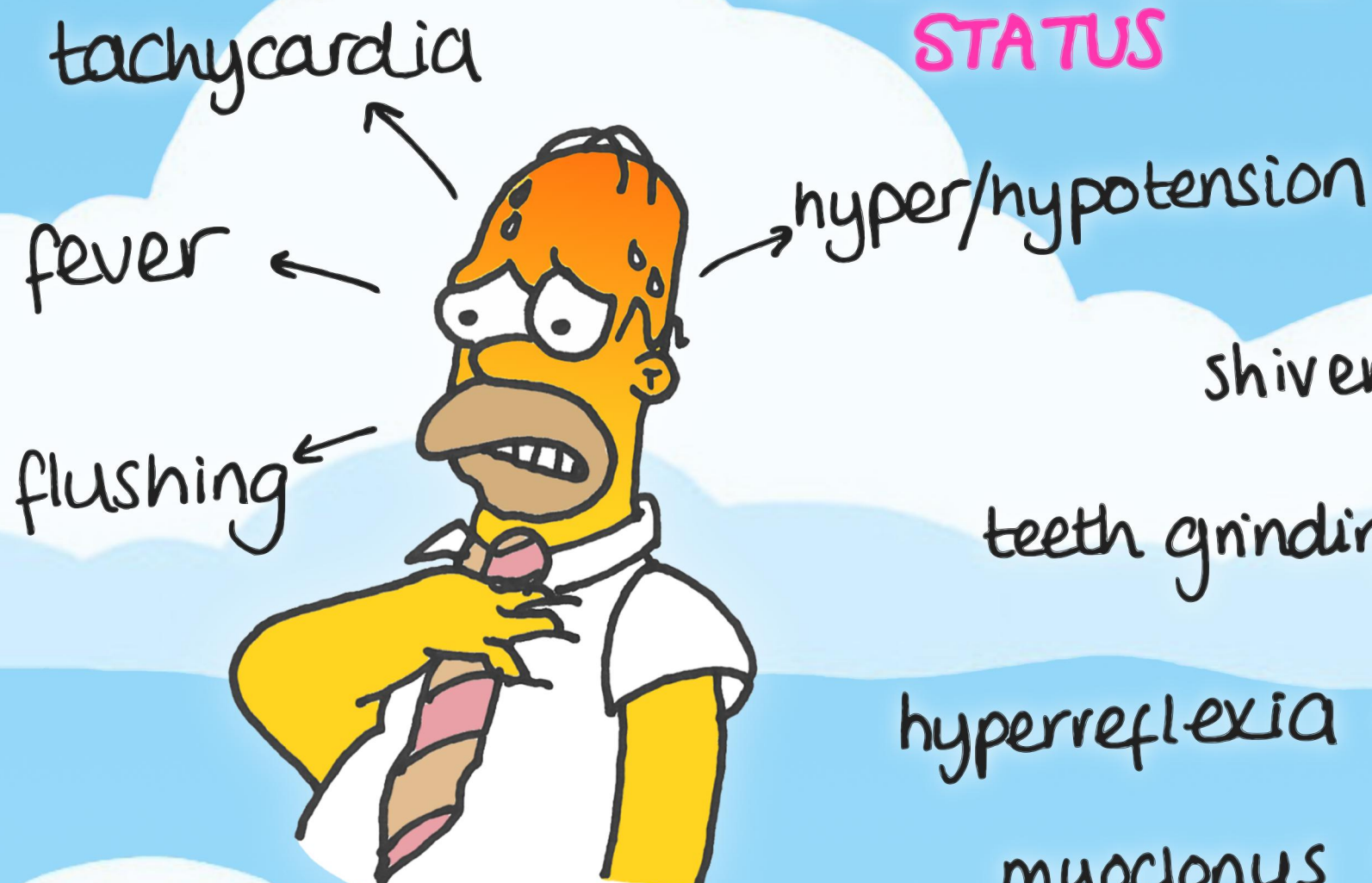
### ALTERED MENTAL STATUS



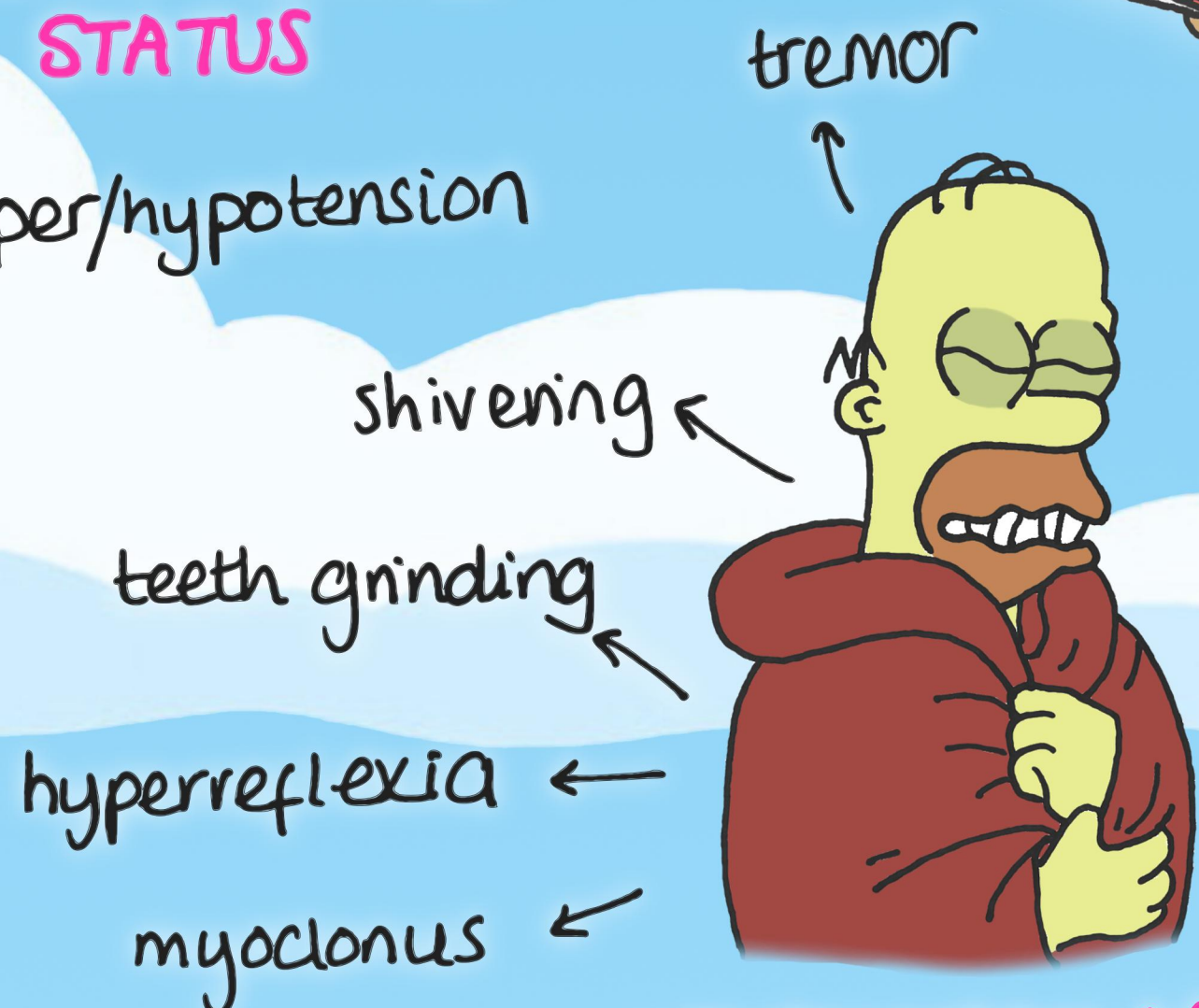
### Hyperthermia

- temperature monitoring if  $>39^{\circ}\text{C}$  via rectal probe
- cooling methods → ice baths  
→ internal/invasive  
→ ice packs  
→ mist + fan
- may need intubation and paralysis

**DANTROLENE** 1mg/kg IV to max 10mg/kg → if muscular hyperactivity



### AUTONOMIC INSTABILITY



### NEUROMUSCULAR HYPERACTIVITY

### Rhabdomyolysis

- when CK 5 times upper limit of normal
- commence IV fluids
- consider urine alkalization  
↳ 225ml of 8.4% **sodium bicarbonate** over 1hr
- consider haemofiltration

