

**Clonidine overdose can cause significant CNS and CVS depression. Children are more susceptible to clonidine toxicity.**

## **Toxicity / Risk Assessment**

*Effects correlate poorly with ingested dose*

*Ingestions >10 mcg/kg are associated with significant toxicity especially in children & adolescents*

*Ingestion >1-2 tablets is potentially life-threatening in a child*

*Rapid onset of toxicity: within 2 hours*

*In massive ingestion, toxicity can last > 24 hours*

### **Clinical features:**

- CNS: drowsy, ataxia, miosis, coma (absence of miosis does not exclude exposure)
- CVS: bradycardia, ↓BP, AV block, brady-arrhythmias, postural hypotension, transient hypertension
- Respiratory: bradypnoea, apnoea
- Others: hypothermia may occur

**Management:** Primarily supportive. Intubation and ventilation may be required in severe toxicity.

**Decontamination:** Activated charcoal is NOT indicated due to rapid onset of CNS depression

**Bradycardia** - treatment is rarely needed unless concurrent hypotension or reduced end-organ perfusion

**Atropine:** 0.6 mg IV boluses 5-minutely up to 3 doses (child 0.02 mg/kg boluses)

**Isoprenaline (ADULT initial dosing):** 20 mcg IV, repeat to clinical response up to 100 mcg, via peripheral line.

*(Children unresponsive to atropine: discuss with Clinical Toxicologist)*

### **Hypotension**

- Correct bradycardia as above, then fluid load: 10-20 mL/kg IV crystalloid (*Discuss with Clinical Toxicologist if persistent ↓ BP*)

### **Hypertension**

- Usually transient and resolves spontaneously. No treatment is usually required.

### **Naloxone**

- Naloxone is not considered as a routine part of the management of clonidine toxicity.

### **Disposition**

- Discharge pending mental health assessment if asymptomatic and well 4 hours post ingestion
- Admit all symptomatic patients for at least 12 hours or until symptoms resolve
- Patients with severe CNS or CVS depression should be managed in HDU/ICU
- Exclude significant postural hypotension and ensure able to mobilise safely prior to discharge
- Advise the patient not to drive for at least 72 hours post exposure