

## Management of emergency presentation with confusion

### **b) Management of sedative withdrawal (alcohol, benzodiazepine or other sedative)**

With history of recently stopped drinking or using sedatives with any of the following signs:

- Tremors, sweating, vomiting,
- increased blood pressure (BP) & heart rate, and
- agitation

**If the person has tremors, sweating, or vital sign changes then give**

- diazepam 10-20 mg orally (p.o.) and transfer to hospital.
- Observe and repeat doses as needed for continued signs of withdrawal (tremors, sweating, increased BP and heart rate).
- For alcohol withdrawal only: Give thiamine 100 mg daily for five days.

**Immediate hospital referral is needed in following conditions.**

- Other serious medical problems, e.g. hepatic encephalopathy, gastrointestinal bleeding, or head injury.
- Seizures: give diazepam 10-20 mg p.o., i.v. or rectum (p.r.) first.
- Delirium: give diazepam 10-20 mg p.o., i.v. or p.r. first. If severe and not responsive to diazepam, give an anti-psychotic medication such as haloperidol 1-2.5 mg p.o. or i.m.
- Continue to treat other signs of withdrawal (tremors, sweating, vital signs changes) with diazepam p.o., i.v. or p.r.

### **e) Wernicke's encephalopathy management**

has been drinking heavily in the last few days AND has any of the following signs:

- nystagmus (involuntary, rapid and repetitive movement of the eyes)

- ophthalmoplegia (weakness/paralysis of one or more of the muscles that control eye movement)
- ataxia (uncoordinated movements)
- Treat with thiamine 100-500 mg 2-3 times daily i.v. or i.m. for 3-5 days.
- Transfer to hospital

### **c) Management of acute stimulant intoxication**

With history of recently used stimulants (cocaine, amphetamine type stimulants (ATS) or other stimulants) with any of the following signs:

- dilated pupils,
- anxiety, agitation, hyper-excitable state, racing thoughts,
- strange behaviour, aggressive,
- erratic, or violent behaviour. recent use of psychoactive substances,
- raised pulse and blood pressure
- Give diazepam 5-10 mg p.o., i.v., or p.r in titrated doses until the person is calm and lightly sedated.
- If psychotic symptoms are not responsive to diazepam, consider antipsychotic medication such as haloperidol 1-2.5 mg p.o. or i.m..
- Treat until symptoms resolve. If symptoms persist, go to psychosis.
- If the person has chest pain, tachyarrhythmias, or other neurological signs, transfer to hospital.
- During the post-intoxication phase, be alert for suicidal thoughts or actions. If suicidal thoughts are present, go to suicidal ideation (SUI).

For management of persons with aggressive and/or agitated behaviours, go to the management of persons with agitated and/or aggressive behaviours