# NIH Toxidrome

### **Affected Areas**

Central Nervous System (CNS)

Autonomic nervous system (parasympathetic portion)



## Immediate Symptoms

**Anticholinergic** 

Blurred vision

Coma

Decreased

Delirium

Dry

Fever

Flushing

Hallucinations

lleus,

Memory loss,

Mydriasis

Myoclonus

**Psychosis** 

Seizures

### **Ongoing Symptoms**

Initial

Peripheral parasympathetic signs and symptoms ("blind as a bat, . . . ")

#### Then

Confusion, with hallucinations and agitated delirium

### **Eventually**

Stupor and coma

### **Finally**

Recovery of consciousness with paranoia

CHEMM

Not meant to be a complete care guideline. Please refer to the CHEMM website for more information: https://chemm.hhs.gov/mmghome.htm

## NIH Cholinergic

### **Examples**

**Chemical Warfare Agents** 

BZ (3-quinuclidinyl benzilate)\*

\*May be weaponized

### **Toxic Industrial Chemicals/Toxic Industrial Materials**

BZ (3-quinuclidinyl benzilate)\*

Other glycolate anticholinergics (tropane alkaloids)

Atropine

Hyoscyamine

Scopolamine

\*May be weaponized

### **Common Treatment Protocols**

Physostigmine Cooling

Benzodiazepines

General Supportive Care

### **Sensitive Populations**

No particularly sensitive populations

### **Concerns About This Syndrome**

Recognition by providers of the characteristic nature of anticholinergic hallucinations and other central nervous system effects; recognition of central nervous system vs. autonomic nervous system (peripheral) signs and symptoms; possible confusion between cholinergic, anticholinergic, and anticholinesterase