Signs and symptoms include: dilated pupils, agitation, paranoia, bizarre behavior, PVCs, tachycardia, hypertension, hyperthermia, seizures, etc.

The following is a partial list of CNS stimulants:

**Cocaine**

Cocaine

Crack

**Amphetamines**

Amphetamine variants (DMA, PMA, PMMA, STP, MDA, MDMA, TMA, DOM, DOB)

**Designer Drugs**

“Ecstasy”

“Bath Salts”

**Supportive Care**

1. [Medical Supportive Care Protocol](#).

2. Administer Normal Saline via IV @ 250 ml/hr.

**ALS Level 1**

1. If patient is experiencing chest pain, see [Chest Pain - Suspected AMI](#).

2. If patient is seizing, administer [Lorazepam](https://example.com) (Ativan) 1-2 mg IV. If unable to start IV, administer Lorazepam 1-2 mg IM.
3. If patient is hyperthermic (hot to touch), aggressively cool patient.

**ALS Level 2** *(Physician Authorization Required)*

4. If patient is combative, administer Lorazepam (Ativan) 0.5-2.0 mg IV.

   Consider need for restraints (see **Physical Restraints**).

   *** ANY time Physical Restraints are used (regardless of the type of restraint), the patient’s status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. *** A Lifepak monitor strip displaying ETCO₂ waveform must be printed out for the record.

5. Treat **tachycardic dysrhythmias** as per physician order (a).

**Note**

(a) Beta blockers are contraindicated in cocaine overdose.