CONDITION

Pentazocine overdose

Pentazocine overdose is poisoning that can slow breathing and reduce consciousness after too much pentazocine is taken.

WHAT IT IS
Poisoning from too much pentazocine, an opioid pain medicine

BODY SYSTEM
Nervous system and breathing

MAIN SYMPTOMS
Slow breathing, severe sleepiness, pinpoint pupils, loss of consciousness

WHAT CAUSES IT
Excess pentazocine, often with other sedating substances

HOW IT IS DIAGNOSED
Clinical assessment, breathing checks, and response to naloxone

MAIN TREATMENT
Airway support, naloxone, monitoring, and supportive hospital care

CAN IT BE CURED?
Yes - prompt treatment can reverse the poisoning

IS IT AN EMERGENCY?
Yes - any suspected overdose needs emergency care

LONG-TERM OUTLOOK
Often full recovery; prolonged oxygen loss can cause disability

Overview

Pentazocine is an opioid pain medicine. Opioids like oxycodone or morphine act on receptors in the brain and spinal cord to reduce pain. Pentazocine has a mixed action at these receptors, but it can still cause dangerous opioid poisoning.

An overdose happens when pentazocine affects breathing, consciousness, or circulation more than the body can safely manage. This may follow a large dose, repeated doses taken too close together, or a combination with alcohol or other sedating substances.

The main danger is slow or stopped breathing. Without enough oxygen, the brain, heart, and other organs can be injured. A person may look as though they are sleeping but may not respond or breathe normally.

Pentazocine overdose is a medical emergency. Naloxone, an opioid-reversal medicine, may restore breathing, but its effect can wear off before the pentazocine does. Emergency assessment is still needed even if the person wakes up.

Symptoms

Symptoms can develop gradually or appear quickly. They may include:

A person does not need to have every symptom. Slow or abnormal breathing, severe difficulty waking, or loss of consciousness is enough to treat the situation as an emergency.

- Unusual sleepiness or inability to stay awake
- Slow, shallow, irregular, or stopped breathing
- Snoring, choking, or gurgling sounds
- Pinpoint pupils, although pupils may become larger if oxygen is very low
- Limp muscles, weakness, or poor coordination
- Pale, cool, or clammy skin
- Blue, grey, or unusually pale lips and fingertips
- Slow heartbeat or low blood pressure
- Nausea or vomiting
- Confusion, agitation, hallucinations, or seizures
- Loss of consciousness

Causes and risk factors

Pentazocine overdose is caused by taking more pentazocine than the body can safely process. Sometimes the amount is taken intentionally. In other cases, it results from a medication error, such as taking an extra dose or using more than one product containing an opioid.

Risk is higher when pentazocine is combined with substances that slow brain activity. These include alcohol, sleeping medicines, anti-anxiety medicines such as benzodiazepines like diazepam or lorazepam , other opioids, and some medicines for nerve pain or muscle spasms. Combining sedating substances can suppress breathing even when each was taken in a smaller amount.

Other factors that can increase risk include:

Some pentazocine tablets also contain naloxone. This is intended to discourage misuse by injection. It does not make the tablet overdose-proof because naloxone has limited effect when swallowed.

Pentazocine can also trigger withdrawal in someone physically dependent on certain other opioids. Withdrawal is different from overdose, although both may occur in a complicated exposure.

- Returning to opioid use after tolerance has fallen
- Lung disease or sleep-related breathing problems
- Liver or kidney problems that may slow drug clearance
- Older age, frailty, or serious illness
- Using medicine prescribed for someone else
- Accidental access by a child
- Crushing, injecting, or otherwise using a tablet differently from directed

Diagnosis

Treatment should not wait for a laboratory test. Emergency clinicians usually diagnose an opioid overdose from what happened, the person's breathing and level of consciousness, and whether they improve after naloxone.

The care team may measure oxygen levels, breathing rate, blood pressure, temperature, heart rhythm, and blood glucose. Blood tests can look for low oxygen, excess carbon dioxide, organ injury, or other substances that may have been taken.

Routine urine drug screens may not reliably detect pentazocine. A negative screen therefore does not rule out an overdose. If the exact product is known, bringing its container or a photograph of the label can help identify its ingredients. This is especially important if it also contains another medicine.

Treatment and management

The first priority is to restore breathing and maintain an open airway. Emergency responders may provide oxygen, assisted ventilation with a mask, or a breathing tube if the person cannot breathe adequately.

Naloxone can block opioid effects and may improve breathing and alertness. A bystander can

give an available naloxone product while emergency help is on the way. Additional doses may be needed according to the product instructions or emergency dispatcher's guidance.

Naloxone can cause sudden withdrawal in someone who is physically dependent on opioids. This may lead to pain, sweating, vomiting, agitation, or a fast heartbeat. These effects can be distressing, but restoring breathing takes priority.

In hospital, treatment may include:

There is no safe home treatment for a suspected pentazocine overdose. Do not make the person vomit. Do not give food, coffee, or a cold shower to try to wake them.

Observation is important because sedation and slow breathing can return after naloxone wears off. The length of monitoring is based on the symptoms, amount and formulation taken, response to treatment, and any other substances involved.

- Continued breathing and oxygen support
- Repeated naloxone or a continuous naloxone infusion when needed
- Heart, oxygen, and blood pressure monitoring
- Intravenous fluids and treatment for low blood pressure
- Care for seizures, abnormal heart rhythms, aspiration, or lung problems
- Assessment for other medicines, alcohol, or drugs taken at the same time

Complications

Most complications result from too little oxygen or from being unconscious for a prolonged period.

Possible complications include aspiration, which means vomit or fluid enters the lungs; pneumonia; fluid buildup in the lungs; muscle breakdown; kidney injury; seizures; and abnormal heart rhythms. A person who remains in one position while unconscious can also develop pressure injuries or nerve damage.

Severe or prolonged oxygen loss can cause lasting brain injury, disability, coma, or death. Fast recognition, naloxone, breathing support, and emergency care reduce these risks.

Prevention

An overdose is often preventable, although no step removes all risk.

Take pentazocine only as directed and do not take an extra dose to make up for a missed one

unless a healthcare professional or the medicine instructions specifically advise it. Use one pharmacy when possible so that interactions and duplicate opioid prescriptions are easier to identify.

Avoid alcohol and do not combine pentazocine with other sedating medicines unless the combination has been reviewed by the prescriber. Do not share the medicine or use somebody else's prescription.

Store pentazocine locked away from children, visitors, and anyone for whom it was not prescribed. Return unused medicine through an authorised take-back program when available.

People who take opioids, and those close to them, may benefit from keeping naloxone nearby and knowing how to use it. Naloxone cannot encourage an overdose and does not replace emergency care.

If medication use is becoming difficult to control, or if pentazocine is being used for reasons other than pain relief, support is available. A healthcare professional or substance-use service can discuss treatment without requiring an overdose to happen first.

Living with it and what to expect

Pentazocine overdose is an acute poisoning rather than an illness that normally continues for months or years. Many people recover fully after prompt treatment and a period of monitoring. Tiredness, nausea, headache, or poor concentration may continue for a short time.

An uncomplicated overdose does not usually cause ongoing symptoms once the drug has cleared. The course is less predictable if breathing stopped, oxygen levels stayed low, aspiration occurred, or several substances were taken. These situations may require a longer hospital stay and follow-up for lung, brain, heart, or kidney effects.

After recovery, routine follow-up can review how the overdose happened. This may include checking the pain treatment plan, medicine storage, possible interactions, and access to naloxone. If the overdose was intentional, mental health assessment and support are important parts of care.

A person with ongoing memory problems, weakness, shortness of breath, persistent cough, or reduced ability to manage usual activities after discharge should arrange follow-up.

When to get medical help

Call your local emergency number immediately if pentazocine overdose is suspected,

especially if the person:

Give naloxone if it is available. Follow the product instructions and the emergency dispatcher's guidance. If the person is not breathing normally, begin CPR or rescue breathing if instructed or trained. If they are breathing but unconscious, place them on their side when it is safe to do so. Stay with them until help arrives.

Do not let someone "sleep it off." Do not allow them to drive themselves to care. If you are the person who may have taken too much and you are still awake, call emergency services or a poison centre and unlock the door for responders if you can do so safely.

Routine follow-up is appropriate after emergency treatment to review medicines, pain care, substance use, or mental health needs. New sleepiness, breathing difficulty, confusion, or fainting after discharge needs urgent reassessment.

- Cannot be woken or cannot stay awake
- Is breathing slowly, irregularly, or not at all
- Makes choking, gurgling, or unusual snoring sounds
- Has blue, grey, or very pale lips or skin
- Has a seizure or collapses

Common questions

Can naloxone reverse a pentazocine overdose?

Naloxone can reverse the opioid effects of pentazocine, especially slow breathing and reduced consciousness. More than one dose may be needed, and symptoms can return. Emergency help is required even when the person wakes up.

Does pentazocine with naloxone prevent an overdose?

No. The naloxone in a combination tablet is poorly absorbed when swallowed and is mainly included to discourage injection. The pentazocine can still cause dangerous sedation and breathing problems.

How long does a pentazocine overdose last?

There is no single time that applies to everyone. The course is affected by the amount taken, the product, other substances, organ function, and treatment. Naloxone may wear off while pentazocine is still active, which is why monitoring is needed.

Will a standard drug test detect pentazocine?

Not always. Routine opioid screens may miss pentazocine, and test results do not show how

severely someone is affected. Clinicians rely mainly on symptoms, examination, breathing measurements, and treatment response.

What if the person wakes up after naloxone?

They still need emergency assessment. They may become sleepy again or develop slow breathing after the naloxone effect fades. Keep watching their breathing, do not leave them alone, and follow emergency instructions.

Can an overdose happen when pentazocine was prescribed?

Yes. It can happen after a dosing error, an interaction with alcohol or another sedating medicine, or increased sensitivity caused by illness or reduced opioid tolerance. Prescribed use does not make serious breathing problems safe to monitor at home.

Sources

- DailyMed: Pentazocine and naloxone hydrochloride tablets - prescribing information
- MedlinePlus Medical Encyclopedia: Pentazocine overdose
- US Food and Drug Administration: Information about naloxone and nalmefene
- Substance Abuse and Mental Health Services Administration: Overdose Prevention and Response Toolkit, 2023
- American Heart Association: 2023 Focused Update on Management of Patients With Cardiac Arrest or Life-Threatening Toxicity Due to Poisoning
- Merck Manual Professional Edition: Opioid Toxicity and Withdrawal