

Flumazenil

Romazicon / generic injection • given by a clinical team

A medicine that can reverse certain sedatives. Waking up is only one part of safe recovery.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

GIVEN IN A MONITORED SETTING

SLEEPINESS CAN RETURN AFTER IT WEARS OFF

This is not a take-home overdose kit or an antidote for every medicine.

What it is used for

A clinical team may use it to reverse benzodiazepine sedation after a procedure or in carefully selected overdose situations.

It is not suitable for everyone. Regular benzodiazepine use, seizures or other drugs taken together can make reversal dangerous.

How it works

It temporarily blocks the site where benzodiazepines act in the brain, allowing some of their sedating effects to wear off.

It does not remove the original medicine from your body or reverse alcohol, opioids and all other sedatives.

What to expect over time

WITHIN MINUTES

A response may begin within 1–2 minutes. The team gives small IV doses and watches the effect.

DURING OBSERVATION

The original sedative may last longer, so drowsiness or breathing problems can return.

BEFORE GOING HOME

The team checks sustained recovery and gives written instructions. Feeling awake is not clearance to drive.

Taking your medication

A qualified clinician gives it through an IV where breathing, heart rate and other signs can be monitored.

The dose depends on why it is needed and your response. Do not try to obtain or give it yourself.

You may need more observation or treatment. Follow the team's discharge decision rather than a fixed countdown.

When to get help

Tell staff immediately: returning heavy sleepiness, trouble breathing, chest symptoms, severe agitation or new jerking movements.

After discharge, call 911: a seizure, collapse, slow or difficult breathing, or someone who cannot be awakened.

Possible poisoning: call Poison Control at 1-800-222-1222. For severe symptoms, call 911 first; do not drive yourself.

Early side effects

Dizziness, headache, blurred vision, nausea, sweating or soreness around the IV can happen. Ask for help getting up until staff say it is safe.

Other effects to discuss

It can trigger sudden benzodiazepine withdrawal, including seizures, especially with regular use. Tell the team what you actually take; accurate information helps protect you.

What to keep track of

The team watches alertness, breathing and heart function. Memory, balance and judgment may still be affected even after you feel more awake.

Before you start

Tell the team about regular or recent benzodiazepine use, seizures, head injury, liver disease, panic attacks, allergies and every medicine or substance that may have been taken. Mention pregnancy or breastfeeding. If you cannot answer, a family member, medication list or the original packages can help.

Medicines & interactions

Benzodiazepines

Reversal can abruptly remove effects your body has adapted to. Do not stop a regular prescription on your own after this treatment; get a specific plan.

Other medicines or substances

Antidepressants and other drugs can change the risks of reversal. Alcohol and opioids may still affect breathing even if flumazenil helps you wake.

After discharge

Avoid alcohol and nonprescribed drugs for at least 24 hours after treatment, longer if instructed or still affected. Ask exactly when to resume each prescribed medicine.

Everyday tips

Have a responsible adult receive the written instructions and help you get home.

Do not drive or use dangerous machinery for at least 24 hours after discharge and until all sedative effects have resolved.

Keep the discharge instructions and emergency numbers where your support person can find them.

Arrange the follow-up the team recommends, especially if the cause of the exposure needs further care.

Your questions, answered

If I feel awake, am I fully recovered?

Not necessarily. Memory, judgment or breathing can still be affected, and sleepiness may return.

Why might the team choose not to use it?

In some situations the seizure or heart-rhythm risk outweighs the benefit. Supporting breathing and observing you may be safer.

Can it replace naloxone?

No. Naloxone is used for suspected opioid overdose. Flumazenil is a different medicine with different risks.

What about breastfeeding?

Human milk information is limited. Ask the treating team about your medicines and your baby's situation; there is no universal instruction on this sheet.

Storage & safety

There is no home supply or storage plan for this treatment. Follow your discharge instructions for all other medicines, and do not share them. A familiar adult should help if your memory is still affected.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=74d007e9-9604-0941-e053-2a91aa0a29c4>
 2. <https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/adult-and-pediatric-special-circumstances-of-resuscitation>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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