

Fentanyl/midazolam/propofol abuse**S****Loss of consciousness: case report**

A male patient [age not stated] developed loss of consciousness following abuse of fentanyl, midazolam and propofol.

The male patient, who was an anaesthesiologist, had a medical history of depression and substance use disorder (SUD), including severe ketamine use disorder, severe amphetamine-type (MDMA) use disorder, severe opioid use disorder, and severe sedative use disorder. Ketamine was the preferred substance; however, he self-injected fentanyl, propofol and midazolam (abuse), which led to loss of consciousness in the workplace [routes, dosages and times to reaction onset not stated].

Thereafter, the male patient was being monitored by his state's professional health program (PHP) due to SUD and depression. About 2 years later, while working at hospital, he was informed that a patient, whom he had treated 4 days previously had died due to COVID-19. He had interacted with the patient and had intubated the patient for a medical procedure. COVID-19 test was denied due to a shortage of tests. Before being informed of his patient's death, he had been using an ethyl alcohol-based hand sanitizer for most hand hygiene. He reported that he had been applying the sanitizer on the hands and arms (up to the elbows) and also wiped stethoscope with it ~20 times per day. After receiving the call regarding death, increased use to ~100 times per day was noted. Subsequently, he started working under the assumption that every patient was COVID-19-positive and followed extensive sanitising protocol with every patient and at every opportunity. About 1 month following his patient's COVID-19-related death, random urine toxicology test was found positive for the alcohol biomarkers ethyl glucuronide (EtG) and ethyl sulfate (EtS), while blood-based phosphatidyl ethanol (PEth) test was noted to be negative. He was allowed to practice while the situation was assessed. At the time of the incident, he had showed 2 years of documented adherence to all the components of PHP monitoring agreement, which indicated that his abstinence had remained intact. On further evaluation, he reported of mild depressive symptoms with passive suicidal ideation, moderate anxiety symptoms and significant traumatic stress symptoms. He described that he experienced passive thoughts of suicide, which were similar to those he had experienced previously, albeit more severely, on the day he had self-injected a potentially fatal combination of drugs (fentanyl, midazolam and propofol) over 2 years previously. On follow-up assessment, which was conducted after a month during which he received intensified therapy, ongoing support and much-improved PPE, all the symptoms had subsided. Monitoring continued, with results remaining negative for all substances. However, after 11 months, following a distressing break-up and related conflict, he again self-administered a potentially lethal combination of unspecified substances. Therefore, he was refrained from practice and returned to residential treatment. He reported limited beverage alcohol use during the previous year, maintaining that he had consumed a glass of wine 6 days before the initial positive EtG/EtS result.