



Approach to the Poisoned Patient

Author: Quentin Reuter, MD
Editors: Patrick Lank, MD; Kristen Grabow Moore, MD, MEd

Stabilization/Treatment

- Airway/Breathing: Intubate as needed
- Circulation: bradycardia/hypotension -> atropine, external pacers, fluids, inotropes/vasopressors
Obtain EKG: Wide QRS -> give sodium bicarb; Long QT -> give magnesium
- Neuro Depression: Naloxone, Glucose, Thiamine -> intubate as needed
- Seizure: fingerstick glucose, benzodiazepines
- Hyperthermic or agitated: benzodiazepines + cooling



Clinical Presentations and Associated Diagnoses

- Respiratory Depression: Opioid toxidrome: 2mg or more of naloxone
- Circulatory: cardiotoxins
 - Bradycardia: calcium channel blockers, beta blockers, digoxin, clonidine, cholinergic poisoning
 - Hypotension: CCB, BB, clonidine, nitroglycerin, TCAs, anticonvulsants, barbiturates, opioids
 - Wide QRS: Na Channel blockers - TCAs, antiarrhythmics, carbamazepine, lamotrigine, antimalarials, local anesthetics
 - Long QT: amiodarone, methadone, many antibiotics, antipsychotics, SSRIs, TCAs
- Neuro Depression: sedative/hypnotics, opioids, ethanol, toxic alcohols, psychiatric medications, antiepileptic drugs
- Seizure: Final common pathway, consider sedative/hypnotics, opioids, ethanol, toxic alcohols, psychiatric medications, antiepileptic drugs
- Agitated Delirium: males + psych + drugs + etoh
- Cardiac Arrest: ACLS + Assess for appropriateness of Intralipid fat emulsion as rescue therapy: 20% Intralipid as 1.5 mL/kg bolus then 0.25 mL/kg/min for 30 minutes



Absorption/Elimination Considerations

- Absorption: Activated charcoal
- Elimination: Urine alkalization (aspirin, phenobarbital), Dialysis: TPALS - Theophylline, phenobarbital, toxic alcohols (ethylene glycol & methanol), lithium, salicylates



Labs/Imaging

- Consider in everyone: EKG, glucose, electrolytes (check for a gap), lfts/lipase/coags, acetaminophen & salicylate, lactate
- As indicated: osmolality, ethylene glycol and methanol levels, carboxyhemoglobin, etoh, urine drug screen, specific drug levels, head CT, XR chest



CALL A POISON CENTER NEAR YOU