



Poison HOTLINE

Partnership between Iowa Health System and
University of Iowa Hospitals and Clinics

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Did you know

The "Cinnamon Challenge" is prompting calls to poison centers.

Teens and young adults are challenging their peers to swallow a spoonful of ground cinnamon within one minute without drinking water. Videos of the attempts are posted on the internet, encouraging other teens to try this dangerous stunt. The cinnamon dries the mucous membranes of the mouth and throat and causes coughing, choking, vomiting and throat irritation. Individuals with asthma and those who unintentionally inhale the powder are at risk of developing shortness of breath and severe respiratory distress.

www.iowapoison.org.

Diagnostic Approach to the Patient With an Unknown Overdose

The ISPPCC frequently gets calls regarding patients who have been found down with mental status changes and are suspected of having taken an overdose, but what the patient may have taken is unknown. The ISPPCC uses a standard approach to managing patients with unknown overdoses.

HISTORY When the patient cannot provide a thorough or reliable history, collateral history from family or friends and scene information from the first responders may provide clues to what substances the patient might have been exposed to.

VITAL SIGNS Vital signs can provide important clues to which drugs, chemicals or pharmaceuticals the patient was potentially exposed to.

Pulse & BP Increased: Sympathomimetics (cocaine, methamphetamine, synthetic hallucinogens), anticholinergics
Decreased: Beta-blockers, calcium channel blockers, cardiac glycosides

Temp Increased: Sympathomimetics, anticholinergics, salicylates, serotonin syndrome, neuroleptic malignant syndrome
Decreased: Sedative hypnotics, ethanol, opiates, carbon monoxide

Resp Rate Increased: Acidosis, sympathomimetics, salicylates
Decreased: Narcotics, sedative-hypnotics

Pupil Size Mydriasis: Sympathomimetics, anticholinergic
Miosis: Narcotics, clonidine, sedative hypnotics

LABORATORY DATA and EKG

Basic Metabolic Panel Assess for acidosis, hyper or hypo-glycemia, electrolyte abnormalities and renal function.

Other Labs Liver enzymes (elevated in acetaminophen ingestions, etc) and coagulation studies (elevated in liver injury or after exposure to anticoagulants). A notably elevated measured serum osmolality (mOsm / kg) may help diagnosis an alcohol ingestion, but a "normal" serum osmolality cannot rule-out a toxic alcohol ingestion.

Specific Toxicological Testing Acetaminophen, salicylates, ethanol and other levels as dictated by the patient's history.

EKG Wide QRS (>0.1 sec): Tricyclic antidepressants, phenothiazines, propoxyphene, diphenhydramine, cocaine, class Ia and Ic antiarrhythmics, carbamazepine.
Prolonged QT: Antipsychotics; class Ia, Ic and III antiarrhythmics; itraconazole; citalopram; phenothiazines.

June's Poison Hotline will address the therapeutic approach to an unknown overdose.

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