



Poison HOTLINE

1-800-222-1222

December 2014



Thank You!

During this holiday season, the staff of the IPCC would like to thank you, our partners in providing care to poisoned and overdosed patients, for your support this past year. It has been a pleasure serving you and we look forward to working with you in the coming year. Wishing you and your families that 2015 will be filled with much joy, happiness, and success.

NOTE: The IPCC has a full-time evening position with every fourth weekend shift open for a specialist in poison information. For more information, go to <http://www.iowapoisn.org/about-us/careers/>.

Five Tips for Managing the Poisoned Patient

1. **First Do No Harm** Practitioners should always consider the possibility of a treatment causing more harm than good. Activated charcoal is not a universal antidote and often causes vomiting, which can lead to aspiration. Naloxone may induce withdrawal in chronic narcotic users. Flumazenil may lower the seizure threshold, potentially putting the patient at risk for seizures if they have ingested a pro-seizure drug. Haloperidol and ziprisidone are often given to patients with agitation. However both medicines can prolong the QT interval which can be dangerous if other QT-prolonging drugs were ingested.
2. **Treat the Patient, Not the Poison** In an overdose, the patient's symptoms may not always fit the poison that the patient is suspected to have taken. Begin by treating the symptoms the patient is exhibiting. Not all poisons have an antidote and the majority of poisoned patients will not need a specific antidote, even if one is available.
3. **Consider Toxidromes** Toxidromes are a group of signs and symptoms associated with certain classes of drugs and toxins. If the poison is unknown, look for clues within the patient's symptoms that may help indicate which class of drugs or toxins may be involved. The January, 2015, Poison Hotline will discuss common toxidromes.
4. **Rule Out Medical Causes** Consider toxins within the differential diagnosis for the patient's symptoms, but also consider medical causes for the patient's symptoms. An unconscious patient may have trauma, seizure, stroke or a head bleed instead of an overdose. An illustrative case from the poison center archives: what seemed like a patient with pesticide poisoning instead was an aortic aneurysm.
5. **Consult the Iowa Poison Control Center** Utilizing the IPCC with ALL overdoses is the best practice. The experts answering the phones at the IPCC are specialists trained in toxicology. A Board certified toxicologist provides daily case review and is available 24 hours a day for consult on critical cases. Studies have shown that consultation with a poison center is associated with a shorter length of hospital stay.

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**POISON
Help**
1-800-222-1222

The logo for Poison Help, featuring the word "POISON" in a bold, sans-serif font above "Help" in a larger, bold, sans-serif font. To the right of the text is a red pill bottle with a white skull and crossbones symbol. Below the text is the phone number "1-800-222-1222".

Post and share this edition of **Poison Hotline** with your colleagues. Send comments or questions to Poison Hotline, 712-234-8775 (fax) or Tammy.Noble@UnityPoint.org. To subscribe or unsubscribe from this distribution list, contact the IPCC education office at 712-279-3717. Read past issues of **Poison Hotline** at www.iowapoisn.org.