



# Poison HOTLINE

1-800-222-1222

March 2023



*Did you know .....*

**March 19 – 25, 2023 is National Poison Prevention Week (NPPW).** Poison prevention is important for individuals of all ages. Here are three quick and easy ways to get involved in poison prevention:

- [Order](#) a FREE poison prevention packet for your home.
- [Order](#) and distribute FREE poison prevention materials at your health care facility. Materials are available in English and Spanish.
- [Request](#) the NPPW Partner Toolkit with social media messages and images that can be downloaded for sharing on our agency's social media sites. Or follow, like and share IPCC's [Facebook](#) and [Twitter](#) messages during NPPW.

## 5 “Tox Tips” to Help Manage Your Poisoned Patients

1. **Recognize Toxidromes** – A toxidrome is a group of signs and symptoms associated with certain drug classes and toxins. This can help with diagnosis when the history is unreliable or unknown. The patient's symptoms may help indicate which class of drugs or toxins are involved. Some of the most common toxidromes are anticholinergic, cholinergic, opiates, sedative/hypnotic, and sympathomimetic (stimulant).
2. **Treat the Patient, Not the Poison** – Sometimes the substance a patient was exposed to is not known or the reported substance does not match with the patient's presentation. Excellent care can still be provided by treating the patient's signs and symptoms. Not all poisons have an antidote and even fewer absolutely require the antidote for good outcomes. Good supportive care is the cornerstone of treating the toxicologic patient.
3. **Do No Harm** – Given the excellent outcomes seen with good supportive care, a cautious assessment of risks and benefits should be applied to adjunctive and antidotal therapies. For example, while activated charcoal may decrease absorption of a substance, its potential harms often outweigh its potential benefits in patients with CNS depression, vomiting, seizures, or who are otherwise at high risk for aspiration. As another example, while flumazenil can reverse respiratory depression in benzodiazepine overdose, it can result in seizures and status epilepticus in patients chronically taking benzodiazepines or otherwise predisposed to seizures.
4. **Rule Out Medical Causes** – It's important to not anchor on a toxicologic diagnosis, especially if the history is limited or unclear. Many medical and surgical diagnoses can present similarly to toxicologic problems or occur as a complication of a poisoning or overdose.
5. **Consult the Iowa Poison Control Center** – The expert specialist's answering the phones at the IPCC are trained in toxicology. A board-certified toxicologist is available 24/7 for consultation. The IPCC encourages early consultation on the poisoned patient to ensure the best outcome.

*Susie Eades, RN, CSPI  
Certified Specialist in Poison Information*



*Hotline Editor: Bryan Wilson, MD*

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](mailto: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.iowapoisson.org](http://www.iowapoisson.org).