



# Poison HOTLINE

1-800-222-1222

XXX 2022



*Did you know .....*

**Prolonged skin contact with wet cement can lead to a chemical burn.** Cement is made up of calcium oxide and reacts with water to produce calcium hydroxide. The pH of calcium hydroxide can quickly reach up to 12 or higher. The longer the wet cement stays on the skin, the worse the burn. The worst burns often occur when the cement unknowingly gets into boots, gloves or saturates clothing.

The best prevention is to avoid skin contact with wet cement by wearing appropriate personal protective equipment. If wet cement does have any contact with skin, rinse it off immediately. Call **1-800-222-1222** for treatment recommendations for any exposure to wet cement.

## Trazodone

Trazodone is an atypical antidepressant. It shares many properties as selective serotonin reuptake inhibitors (SSRIs) class of antidepressants, but it is not a true member of the SSRIs. Trazodone is FDA approved to treat major depressive disorder and has off-label use for insomnia. An extended-release version is sold under the name Olepro™.

Toxic effects are usually mild to moderate. The most common effects in overdose include drowsiness, dizziness, ataxia, headache, QTc prolongation, vomiting, and tachycardia. Trazodone can produce peripheral alpha-adrenergic blockade, which can result in hypotension and priapism in both genders.

Trazodone overdose may lead to the development of serotonin syndrome. While there is no test that confirms the diagnosis of serotonin syndrome, the IPCC recommends using the Hunter Criteria for the diagnosis. Serotonin syndrome is manifested by neurological excitation (hyperreflexia, clonus, muscle rigidity), autonomic hyperactivity (tachycardia, hypertension, hyperthermia, tremors), and mental status changes (agitation, confusion).

No specific antidote is available for trazodone overdoses. Treatment consists of symptomatic and supportive care. Cardiac monitoring is recommended following overdose due to the potential for QTc prolongation (>450 ms for males or >470 ms for females). If QTc prolongation is present, treatment includes stopping all offending drugs and correct any hypokalemia, hypocalcemia, and hypomagnesemia. Give supplemental magnesium as appropriate for Torsade de Pointes. The cornerstone of treatment for serotonin syndrome is sedation with benzodiazepines or other GABA agonists. Cyproheptadine can be considered as an adjunct.

Recommended observation time is 4-6 hours (12-16 if the extended-release product). Patients with any cardiac toxicity, persistent hypotension, seizures, or CNS depression after 12 hours of observation should be admitted.

Trazodone may cause withdrawal symptoms if abruptly stopped. Withdrawal effects include insomnia, nausea, diarrhea, abdominal pain, anxiety, agitation, palpitations, myalgia, and restless legs.

For treatment advice concerning trazodone, contact the IPCC at 1-800-222-1222.

*Tammy Noble, RN, BSN, CSPI  
Certified Specialist in Poison Information*

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

*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.iowapoison.org](http://www.iowapoison.org).