



Poison HOTLINE

1-800-222-1222

January 2018



Did you know

Iowa has the highest percentage of homes in the United States with radon levels above the action limit of 4 pCi/L.

January is National Radon Action Month. Radon is a radioactive gas that is colorless, odorless, and tasteless. It originates in the soil from the natural decay of uranium in or below most soils. Radon enters the home through cracks, around pipes or conduit openings, through sump pumps and drain tiles, and between floor and wall joints in a basement. **The only way to know if your home has radon is to test for it.** Radon test kits are available from many local public health departments and some retail stores.

Gabapentin

An unresponsive fourteen year old female is brought into the ED after being found by her parents. GCS score is 3 and she is intubated for airway protection. Basic metabolic panel, liver studies, 12 lead EKG, acetaminophen, ASA, ethanol and urine drug screen are all unremarkable. The parents later find that a recently refilled gabapentin prescription bottle is now empty. Thirty-six hours later, she is extubated and then discharged home the next day.

Gabapentin is a highly lipophilic drug which is structurally similar to the inhibitory neurotransmitter gamma-amino butyric acid (GABA). It is FDA approved for the treatment of partial seizures and post-herpetic neuralgia. Non-FDA approved uses include diabetic neuropathy, migraines, fibromyalgia, dialysis-associated itching, pain disorders, and various mood and movement disorders. Gabapentin has also become a popular drug of abuse. While taken to get high, its abuse can also cause dysphoria and other adverse reactions. In Europe, gabapentin has been found as a cutting agent in heroin.

With therapeutic use, side effects include drowsiness, ataxia, dizziness, fatigue, nystagmus, hypotension and hypertension. Leukopenia and rhabdomyolysis could possibly occur. Following a mild to moderate overdose, drowsiness, slurred speech, nystagmus, movement disorders and GI upset can be seen. After a large overdose, the patient may develop mild hypotension and significant CNS depression which may require intubation.

There is no specific antidote for gabapentin. Treatment is symptomatic and supportive care. Monitor vital signs and mental status in symptomatic patients. Monitor airway closely, especially in severe cases. Hypotension usually responds to IV fluids, but norepinephrine can be used if hypotension persists. Monitor CPK in patients with muscle pain or weakness, and monitor renal function and urine output in patients with rhabdomyolysis. Symptomatic patients should be observed for 4 to 6 hours or until symptoms resolve. For treatment advice about gabapentin, contact the IPCC at **1-800-222-1222**.

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

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