



Poison HOTLINE

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

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Did you know

The ISPCC's surveillance system has recently detected an increase in the number of people having chemical exposures to the eyes. These exposures are occurring both at work and at home, and have involved lye, industrial chemicals, cleaning solutions and strong acids.

Approximately 90% of eye injuries can be prevented through the use of proper protective eyewear. The best eye protection is chemical safety goggles that fit snug around the eyes, but safety glasses are also acceptable.

For treatment recommendations specific to the offending chemical, call the ISPCC at **1-800-222-1222**.

www.iowapoisson.org.

TRAMADOL WARNING: Seizures

Tramadol is a centrally acting analgesic which is both an opioid agonist and a serotonin & norepinephrine reuptake inhibitor. The drug itself is a weak opioid agonist but one metabolite is a stronger opioid agonist. Tramadol's analgesic effects are from a combination of its opioid and non-opioid actions. Tramadol will usually not produce a positive opiate result on most urine drug screens.

In therapeutic dosing, the adverse effects of tramadol are much like those of narcotics, however respiratory depression is less pronounced with tramadol. Respiratory depression can result from co-administration of tramadol with alcohol, anesthetics or other respiratory depressants. Seizures, though rare, have been reported with therapeutic dosing of tramadol. Risk factors for seizures include concurrent use of SSRI's, tricyclic antidepressants, neuroleptics or other seizure threshold-lowering drugs.

Overdose effects of tramadol are usually extensions of its pharmacologic activity and include miosis, vomiting, lethargy, coma, respiratory depression, tachycardia, hypertension and, rarely, cardiovascular collapse. Studies have reported an incidence of seizures of 11-54% in overdose patients. The seizures are usually short lived and occur within the first 4-6 hours after ingestion. Recurrent seizures, some as late as 10 hours post-ingestion, have been reported after overdose. Benzodiazepines should be used to control and prevent seizures.

Naloxone will not completely reverse the effects of tramadol in overdose situations. It is recommended that if no response is seen after giving 10 mg of naloxone, the diagnosis of tramadol intoxication should be questioned.

Tramadol inhibits serotonin reuptake and serotonin syndrome (the triad of mental status changes, autonomic instability and neuromuscular abnormalities) may result when tramadol is taken in overdose or with other serotonergic drugs. Such drugs that could react with Tramadol are TCA's, MOA inhibitors, Fluoxetine, Sertraline and Citalopram.

For any questions regarding tramadol exposures or its management, please call Iowa Statewide Poison Control Center at **1-800-222-1222**.

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**POISON
Help**

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 nobletf@ihs.org. To subscribe or unsubscribe from this distribution list, contact the Iowa Poison Center education office at 712-279-3717. Read past issues of **Poison Hotline** at www.iowapoisson.org.