



Poison HOTLINE

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

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Did you know

Poison centers have been receiving an increase in calls regarding children exposed to the newly marketed single-dose laundry detergent packets. Some young children and toddlers who bite into or swallow these small packets have become very ill and have required hospitalization after rapid onset of significant symptoms. Some children who have aspirated the detergents have required mechanical ventilation. Ocular exposures have resulted in significant eye irritation.

Report any laundry detergent packet exposure immediately to the ISPCC at **1-800-222-1222**.

www.iowapoisson.org.

POISON
Help
1-800-222-1222

Therapeutic Approach to the Patient With an Unknown Overdose

The May, 2012, edition of Poison Hotline presented the diagnostic approach to managing a patient with an unknown overdose. This month we continue with a therapeutic approach to these patients.

The ISPCC frequently gets calls from EMS and ED's regarding patients who have been found down with mental status changes and are suspected of having taken an overdose. However, what the patient may have been exposed to is unknown. The ISPCC uses a standard approach to patients who may or may not have overdosed on an unknown substance or pharmaceutical.

TREATMENT CONSIDERATIONS

These are generalized treatment recommendations, and specific overdoses may have specific treatment recommendations not listed below. Always call the ISPCC for poison-specific treatment recommendations.

General As with any patient, good supportive care comes first. It is not uncommon for health care providers to focus on looking for an antidote while overlooking the ABC's. It is important to rule-out non-toxicological (i.e. surgical, medical, neurological) causes for the patient's condition.

EKG Changes QRS widening caused by sodium-channel blocking drugs (e.g. tricyclic antidepressants) is treated with sodium bicarbonate. For QT prolongation, any drug potentially affecting the QT interval should be stopped and hypokalemia, hypomagnesemia and hypocalcemia should be corrected.

Hypotension is treated first with IV fluids and then norepinephrine, if a vasopressor is needed. Specific therapies are warranted for certain overdoses, particularly for calcium channel blocker or beta blocker ODs.

Seizures Toxin-induced seizures are treated with benzodiazepines (BDZ). Exposures to large doses of some toxins, such as bupropion or methamphetamine, may require quite large doses of BDZ to control the seizures. Second-line therapy after BDZs is usually a barbiturate. Seizing patients who receive pharmaceutical paralysis need continuous EEG monitoring to assure they are not having on-going seizures.

*Edward Bottei, MD, FCCP, FACMT
Medical Director, ISPCC*

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.