



Poison HOTLINE

1-800-222-1222

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Did you know

The *HIPAA Privacy Rule* includes poison control centers as health care providers. The HIPAA Privacy Rule permits *covered entities to disclose protected health information to poison centers for treatment activities, including follow-up consultations.* The IPCC handles all patient information in accordance with the Security and Privacy section of HIPAA (45 CFR 164).

As part of the IPCC's service and obligation to provide a high level of patient care, we appreciate your cooperation in providing pertinent follow-up medical information on poisoning and overdose cases.

Salicylate Poisoning

Salicylate poisoning is divided into acute, acute on chronic, and chronic. Acute aspirin ingestions of as little as 150 mg/kg in children or 6.5 grams in adults can cause significant toxicity. Chronic ingestions of more than 100 mg/kg/day can cause toxicity. Salicylate is a neurotoxin and death can occur very quickly and unexpectedly. Patients who go into cardiac arrest are rarely resuscitated.

Salicylates can be found in many different products. Some products contain large amounts of salicylates. For example, one teaspoon (5 mL) of Oil of Wintergreen contains approximately 7,000 mg of aspirin which is about 22 tablets of aspirin 325 mg.

Products which contain various forms of salicylates include:

- Aspirin
- Oil of Wintergreen
- OTC upset stomach treatments (e.g. Pepto-Bismol™)
- OTC pain-relieving creams (e.g. Bengay®, generic arthricream)
- OTC cold remedies, mouthwashes and pain relievers (e.g. Doan's® pills)

Symptoms: Patients may present with N/V, dehydration, tachypnea, fever, tinnitus/deafness, lethargy, and metabolic acidosis. Symptoms may progress to encephalopathy, cerebral edema, seizures, coma, hypotension, pulmonary edema, marked acidosis, coagulopathy, and dysrhythmias.

Laboratory: Salicylate levels may fluctuate and bezoars or concretions may contribute to these fluctuations. Serum salicylate levels do not correlate with CNS salicylate levels. Salicylate levels and arterial blood gases should be checked every 2 hours. Other labs to follow are glucose, electrolytes, renal function, hepatic function, INR, and PTT.

Treatment: Follow mental status closely. Correct dehydration, supplement glucose, and replace electrolytes as needed. IV sodium bicarbonate may be indicated to increase both serum and urine pH. Serum alkalization prevents more salicylates from moving into the CNS and urine alkalization helps increase urinary elimination of salicylates. Hemodialysis effectively removes salicylates, but should not be based on salicylate levels alone. Dialysis indications include (but are not limited to): confusion, coma, cerebral edema, seizures, refractory acidosis, renal failure, coagulopathy.

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**POISON
Help**
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