



Poison HOTLINE

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

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Did you know

“Hunan hand” is the name given to the burning skin experienced by people who have been handling chili peppers. Capsaicin, a volatile oil, is primarily found in the seeds and skin of the peppers.

Each year, the ISPCC receives over 100 calls about persons experiencing irritation or burning of the hands after working with chili peppers.

To avoid “hunan hands”, it is best to use gloves when handling or cutting chili peppers. If you develop burning hands after handling chili peppers, call the ISPCC at 1-800-222-1222 for treatment advice.

www.iowapoisson.org.

HEMODIALYSIS: The Big 4 In Toxicology

Hemodialysis can effectively remove certain toxins from the body and correct the metabolic abnormalities caused by those toxins. The decision to perform dialysis should be based on the clinical picture and the scientific literature, not just the toxin's blood level. It is best to initiate a renal consultation early rather than wait for the patient to deteriorate. Here is a short list of dialysis indications for the four most commonly dialyzed toxins.

Methanol and Ethylene Glycol

Both methanol and ethylene glycol are toxic alcohols. After ingestion, both can cause severe metabolic acidosis, fluid and electrolyte abnormalities and death. Methanol can also cause blindness, while ethylene glycol can also cause hypocalcemia and renal failure.

Dialysis Indications: Methanol or ethylene glycol level > 50 mg/dL, severe metabolic acidosis, severe fluid and electrolyte disturbances, renal failure, seizures or coma. Dialysis is also indicated for patients with methanol intoxication who are having visual symptoms.

Lithium

Lithium toxicity can profoundly affect the central nervous system (CNS).

Dialysis Indications: Moderate to severe intoxication, renal failure, confusion, seizures, coma, or inability to tolerate sodium or fluid repletion (e.g. CHF). Deciding when to do dialysis should be based on symptoms, chronicity of intoxication, renal function, hydration status, other medical conditions and lithium level. Lithium level alone should not be used to guide therapy.

Salicylates

Patients who die from salicylate poisoning die of CNS complications. Patients with chronic salicylate intoxication may develop symptoms at lower levels and do not present as dramatically as those with acute salicylate overdoses.

Dialysis Indications: Severe metabolic acidosis, seizure, delirium, coma, renal failure, cerebral edema, acute lung injury or severe electrolyte abnormalities. Dialysis is also recommended for patients with salicylate levels >80-100 mg/dL after acute overdose, or >50-60 mg/dL after chronic overdose.

For questions regarding these exposures or management, please call the Iowa Statewide Poison Control Center at 1-800-222-1-222.

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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.