Poisoning & Its Management

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- A poison is any substance that is harmful to the body
- Many poisonous substances are products people have around the house. Even medicines that aren't taken as directed can be harmful.

Poisoning

- Poisoning is a common medical emergency in any country
- Poisoning occurs when any substance interferes with normal body functions after it is swallowed, inhaled, injected, or absorbed.



Types of Poisoning

- 1. Deliberate
- 2. Accidental
- 3. Environmental
- 4. Industrial exposures.

Poisoning Causes

Substances that may act as poisons include the following:

- Cleaning products
- Household products, such as nail polish remover and other personal care products
- Pesticides
- Metals, such as lead, Mercury, which can be found in old thermometers and batteries
- Prescription and over-the-counter drugs when combined or taken the wrong way
- Contaminated food
- Plants, such as poison ivy and poison oak
- Venom from certain snake

Symptoms of Poisoning

- Vomiting
- Diarrhea
- Nausea
- Redness or sores around the mouth
- Drooling or dry mouth
- Dilated pupils or constricted pupils
- Rash
- Confusion
- Shaking or seizures
- Trouble breathing
- I Inconccioucnose (fainting)

Management of Poisoning

The holistic management of toxic exposures should include the following considerations based on a risk assessment approach:

- Resuscitation and stabilization
- Toxic diagnosis
- Therapeutic interventions
 - Decontamination
 - Enhanced elimination of absorbed toxins
 - Antidotes
- IV. Supportive care

Resuscitation & Stabilization

- First priorities are ABC's (Airways, Breathing & Circulation)
- Vital sign including pulse and hypoglycemia must be corrected
- Unresponsive patients treated empirically with coma cocktail
 - Oxygen, naloxone, dextrose 50W (D50W), and 100mg thiamine
 - 50 ml of D50W for adults and 1g/kg glucose for children (4ml/kg D25W of 10ml/kg of D10W)
 - Thiamine not usually given to children

Toxicological Diagnosis

History

- Need to obtain as much information as possible about exposure i.e. number of exposed persons, type of exposure, amount or dose, route
- Patients intent must be determined

Examination

- Undress patient completely for thorough examination
- Check clothing for objects or substances
- Assess general appearance of patient
- Examine skin for bruising, cyanosis, flushing
- Assess ABCDE (Airways, Breathing, Circulation, Disability, Exposure)



- Toxicological Investigation
- In the acute care setting toxicological screen is very limited and does not contribute significantly
- Toxicological screens may play a role in evaluation of children

Gastric Emptying

- Emesis: achieved by using syrup of ipecac
 - Dosing: 15 ml for 1-12 yo and 30 ml for adults;
 may repeat once if no emesis in 12 hr
- 90% vomit within 20 minutes of first dose and 97% vomit with second dose
- Usually 3-5 episodes of emesis and resolve in two hours; if protracted emesis occurs consider toxin as etiology

Gastric Emptying

- Orogastric lavage: 36-40 French tube used in adults and 22-24 French tube in children.
 - Measure from chin to xiphoid and confirm with air insufflation
- Lavage with room temperature water until it runs clear
- Charcoal should be used before withdrawal of tube



- Activated Charcoal
- Multiple-Dose Activated Charcoal
- Cathartics
- Whole-Bowel Irrigation

Activated Charcoal

- Most appropriate agent to decontaminate GI tract
- Adsorbs toxin in gut lumen
- Safety proven in adults and children
- Dose 1g/kg
- Indications: any drug known to absorb it or after unknown ingestions by patient's with protected airways

Multi-Dose Charcoal

- One dose usually sufficient
- Indications for multi-dose activated charcoal: ingestion of large doses, substances that form bezoars, slow release toxins, toxins that slow gut function, toxins with enterohepatic or enteroenteric circulation
- Repeat dose is 0.25-0.5 g/kg

Cathartics

- Osmotic cathartic usually given with activated charcoal
- 70% sorbitol (1 g/kg) or 10% magnesium citrate
- Shown to decrease transit time of activated charcoal
- No definitive clinical human data suggest that a cathartic limits toxins bioavailability or changes patient's outcome

Enhanced Elimination

- Alkalinization
- Forced diuresis
- Hemodialysis/Hemoperfusion

Alkalinization

- Beneficial in certain ingestions: 2-4-D (herbicide), phenobarbital, chlorpropamide, salicylates, methanol
- Alkalinization achieved by IV dose of bicarbonate at 1-2 mEq/kg, followed by intermittent boluses or continuous bicarbonate drip for urine pH 7.5-8.0
- Profound hypokalemia may result, must aggressively replace

Hemodialysis/Hemoperfusion

- Dialysis reserved for specific toxins: salicylates, methanol, ethylene glycol, lithium, theophylline, amanita (mushrooms)
- Benefits: removal of toxins already absorbed by gut, ability to remove parent compound and active metabolite,
- Less effective when toxin has large volume of distribution (>1 L/kg), has large molecular weight, or highly protein bound

Hemoperfusion

- Used for decontamination of patient's systemic circulation
- Involves placing a filter filled with activated charcoal into dialysis circuit
- Alleviates constraints of protein binding and molecular size
- Toxins must be well absorbed by charcoal and have small volume of distribution

Poison Prevention

- Only take prescription medications that are prescribed by a healthcare professional.
- Never take larger or more frequent doses of your medications, particularly prescription pain medications, to try to get faster or more powerful effects.
- Never share or sell your prescription drugs.
- Follow directions on the label when you give or take medicines.

Poison Prevention

- Turn on a light when you give or take medicines at night so that you know you have the correct amount of the right medicine.
- Keep medicines in their original bottles or containers.
- Monitor the use of medicines prescribed for children and teenagers, such as medicines for attention deficit hyperactivity disorder, or ADHD.



Thanks to All