



Round : Emergency

Group no : A4

Done By : Manar Alsanea &
Batool Alzubaidi

* paracetamol

The most common drug lead to toxicity, because its available for any time

- Gastric lavage within one hour. contraindicated when

- Gastric lavage within one hour, contraindicated when patient is unconscious or swallowed sharp objects or chemicals

- Toxic dose :

In adult: ≥ 10 gram, more than 20 pills

single dose $[6 - 7] (5)$

فصل ۱۰ ← ۱۰g

Could cause liver cirrhosis

~~انراضی سبب ہے~~
~~use of~~
~~analysis~~
~~on liver~~

- To measure paracetamol level in blood we use $^{*}P_{peak} / t_{1/2}$

→ * (Rumack Matthew nomogram)

- Antidote of paracetamol : N-acetylcysteine ➡ 3 doses

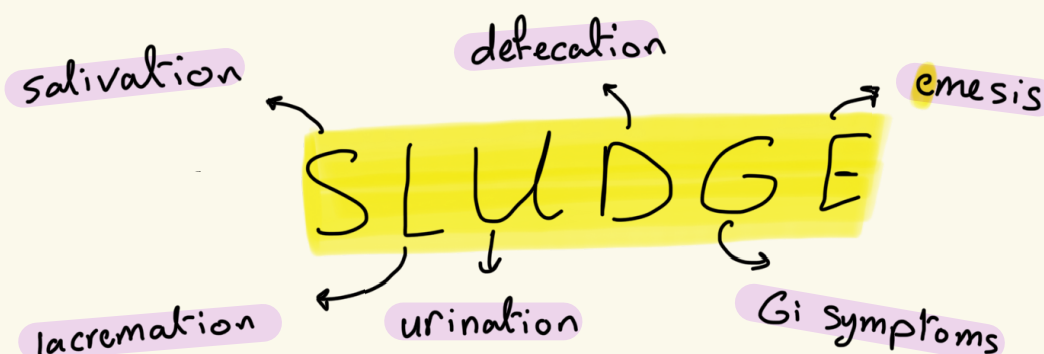
* اذا بدأنا علاج خلال 8 ساعات نرجى recovery

* أول مايجي اكريند لازم اعمل liver enzyme لان اول مكان بائر عليه هو Gi و hepome (liver) لان بصير له metabolism هناك

* Organophosphorus :

Symptoms 3B →

- ① Bronchorrhea (excessive salivation)
- ② Bronchospasm
- ③ Bradycardia



Treatment :

لازم أن نسير كل أنواعه
ويمكن نقصه شعر البنية إذا كان بسبب

II First step $\Rightarrow$ Decontamination

III Give atropine (Atropinization) IV , doubling
to stop salivation & Bradycardia (salivation إذا وقف)

III Antidote : pralidoxime

* Aspirin : toxic dose : 120 - 150

- first sign is tinnitus

* أول شيء يبين عند المريض بـ ABG $\leftarrow$ hyperventilation بصير respiratory alkalosis
بعد ذلك بصير metabolic acidosis

* Toxic dose different between Chronic or Acute

* Treatment :

- sodium bicarbonate in severe acidosis

- urine alkalinisation

- Hemodialysis

Tricyclic antidepressants

It could be acute or chronic

When to start treatment? When QRS widening is more than 100 - 120 ms

In case of seizure, treatment » lorazepam

Treatment in general » observation, supportive, lipid emulsion therapy

↳ Could be given medication for rate control (b-blocker, Ca channel blocker, digoxin, amiodarone) or rhythm control (Na or potassium channel blockers, magnesium, adenosine)

Environment

How to differentiate between heat stroke & heat exhaustion » CNS symptoms (altered mental status)

Heat stroke (temperature > 41) » never give antipyretics (paracetamol, voltaline) ... undress the patient, cooling by fanning or cold water

Heat exhaustion » cooling measures, you can give antipyretics

Hypothermia » give warm fluids (37-39), heating blanket, in severe hypothermia on ECG you see Osborn wave (when temperature is 30 and less)

Opioid

Antidote » naloxone

Benzodiazepines

Antidote » flumazenil

Digoxin

Antidote » Immune fab

CO2 toxicity

Right reading » arterial blood gas

Treatment » O2 therapy

Methanol

Antidote » ethanol

CHOLINERGIC TOXIDROMES:

Signs and symptoms: -SLUDGE (Salivation, Lacrimation, Urination, Defecation, Gastrointestinal distress, Emesis), bradycardia, muscle twitching, seizures.

ANTICHOLINERGIC TOXIDROMES:

Signs and symptoms:

dry skin and mucous membranes, dilated pupils (mydriasis), urinary retention, decreased bowel sounds, tachycardia, hyperthermia, hallucinations.

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Narcotic (Opioid) Toxidrome

Mnemonic: "CPR-3H"

C : Coma
P : Pinpoint pupils
R : Respiratory depression
H : Hypotension
H : Hypothermia
H : Hyporeflexia

Antidote: Naloxone
Start with 0.4 mg and titrate up to 2.5 mg as needed for ventilation to 5.5 mg, 2 mg, 5 mg, up to max 10-15 mg

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Sympathomimetic Toxidrome

Mnemonic: "MATHS"

M : Mydriasis
A : Agitation, arrhythmia, angina
T : Tachycardia
H : Hypertension, hyperthermia
S : Seizure, sweating

Management:
1. Treat agitation, HTN, and seizures with benzodiazepines
2. Avoid pure β -blockers due to unopposed α agonism

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