EmergencyKT: Ingestion

**Patient with Suspected Ingestion**

- Airway Monitor
- IV FSBS

**Intubate ACLS**

- **Patient Unstable?**
  - Yes
  - No

**History and Physical Labs**

<table>
<thead>
<tr>
<th>Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
</tr>
<tr>
<td>VBG</td>
</tr>
<tr>
<td>Renal Profile</td>
</tr>
<tr>
<td>UA</td>
</tr>
<tr>
<td>UCG</td>
</tr>
</tbody>
</table>

**Notify DPIC**

**Wide-complex tachycardia?**

- Yes
  - Bicarb
  - Insulin/Glucose
  - Intralipid

- No

**Toxidrome?**

- Yes
  - (See Appendix)
  - Or
  - Organ system identified?

- No

**Antidote of specific treatment available?**

- Yes
  - Administer antidote or treatment

- No

**Antidote of specific treatment needed?**

- Yes
  - Administer antidote or treatment

- No

**Consider Decontamination**

- See Page 2

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**ED Drug Screening**

A nonspecific Toxicology Screen is of limited value and rarely indicated. STAT screening can be considered if it will have an immediate impact on patient care.
EmergencyKT: Ingestion

Consider Decontamination

Single Dose Activated Charcoal
- If <1 hour post-ingestion
  - Normal mental status or intubated
  - Amenable toxin

Whole Bowel Irrigation
- If >2 hour post-ingestion
  - Iron ingestion
  - Sustained-release preparations

Consider Enhanced Elimination

Multidose Activated Charcoal
- For
  - Carbamazepine
  - Dapsone
  - Phenobarbital
  - Theophylline
  - Quinine

Urine Alkalinization
- For
  - Moderate-to-severe salicylate toxicity
  - Phenobarbital
  - Chlorpropamide
  - Methotrexate
  - 2-4 DCPA acid
  - Formic acid

Extracorporeal Elimination
- For
  - Isopropanol
  - Methanol
  - Theophylline
  - Lithium
  - Valproic acid
  - Aspirin
  - Ethylene Glycol

Determine Disposition

ICU Criteria
- GCS 12 or below
- Hypotensive
- Arrhythmias
- QRS>0.12
- Intubated
- Calcium Channel Blocker
- Beta Blocker
- Oral Hypoglycemic
- Snake Bite
- Clinical Judgment
## APPENDIX

### MAJOR TOXIDROMES

<table>
<thead>
<tr>
<th>Toxin</th>
<th>VS</th>
<th>Mental status</th>
<th>Pupils</th>
<th>Other features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticholinergic</td>
<td>Tachycardia,</td>
<td>Delirium</td>
<td>Increased</td>
<td>Dry, flushed, psychosis, seizures</td>
</tr>
<tr>
<td></td>
<td>fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholinergic</td>
<td>Any</td>
<td>Normal or</td>
<td>Miosis</td>
<td>Wet – salivation, lacrimation, urination, diarrhea, bronchorrhea, paralysis</td>
</tr>
<tr>
<td>Sedative-hypnotics</td>
<td>Hypotension,</td>
<td>Depressed</td>
<td>--</td>
<td>Hyporeflexia, ataxia</td>
</tr>
<tr>
<td></td>
<td>bradycardia,</td>
<td>or agitated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>bradypnea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sympathomimetics</td>
<td>Hypertension,</td>
<td>Agitated</td>
<td>Increased</td>
<td>Tremor, seizures, diaphoresis</td>
</tr>
<tr>
<td></td>
<td>tachycardia,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>tachypnea,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioids</td>
<td>Hypotension,</td>
<td>Depressed</td>
<td>Decreased</td>
<td>Hyporeflexia</td>
</tr>
<tr>
<td></td>
<td>bradycardia,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>bradypnea</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REFERENCES

- Bledsoe BE. No more coma cocktails. *JEMS* 2002;54:60