EmergencyKT: Salicylate Toxicity

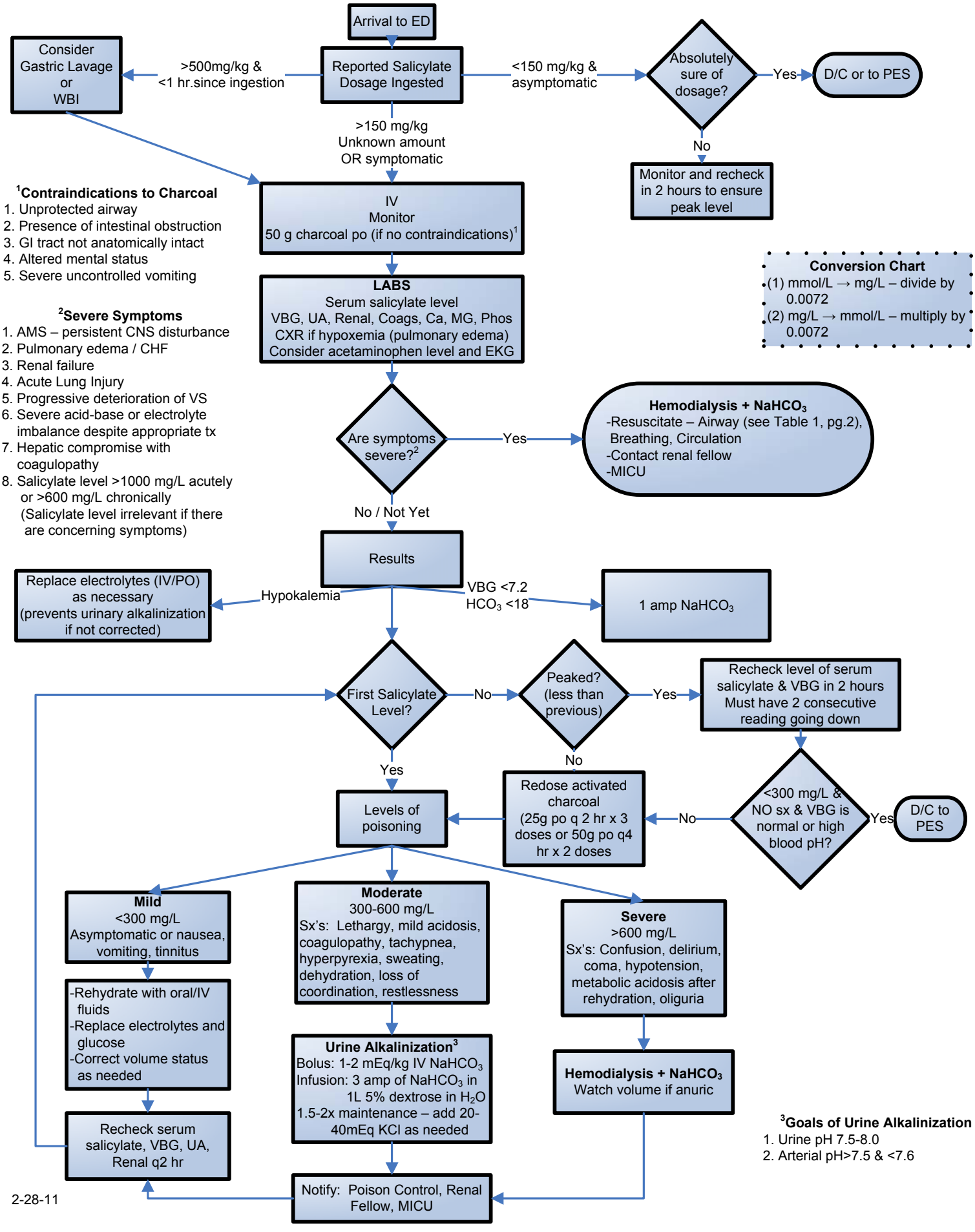

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Table 1
Recommendations for Salicylate-poisoned Patients

- Avoid intubation if possible. Intubation should only be performed if patient truly has respiratory failure (worsening acidosis, hypoxemia).
- Ensure that alkalinization of plasma and urine are initiated early and prior to intubation if possible.
- Avoid paralytics and high doses of sedatives during rapid sequence intubation. Try to minimize the time that patient's ventilatory drive is compromised.
- Place an arterial line for frequent blood gas monitoring.
- Frequent blood gas monitoring to ensure that an appropriately high minute ventilation is achieved. The goal is to maintain an arterial pH of 7.5-7.6,
- Consider pressure-controlled ventilation. Adjust the rate to obtain the desired minute ventilation. This will allow delivery of maximal tidal volumes while controlling peak airway pressures. Any mode can be used as long as physiologic goals are being met. Adjust the settings based on the arterial blood gas to achieve goal pH.
- Monitor closely for "breath-stacking" and ventilator asynchrony due to tachypnea.
- Collaboration with intensivist recommended.

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