

500 mg/kg).

May be caused by chronic ingestion (i.e., >100 mg/kg/day for  $\geq 2$  days); can be more serious than acute ingestion.

Time to peak serum salicylate level can vary with enteric aspirin or the presence of concretions (bezoars).

## Treatment

Hospitalization is necessary for severe toxicity.

Activated charcoal is given as soon as possible (unless contraindicated by altered mental status). If bowel sounds are present, may be repeated every 4 hours until charcoal appears in the stool.

Lavage will not remove concretions of ASA.

Sodium bicarbonate transfusions are used to correct metabolic acidosis, and urinary alkalinization may be effective in enhancing elimination; hypokalemia may interfere with achieving urinary alkalinization.

Be aware of the risk for fluid overload and pulmonary edema.

Use external cooling for hyperpyrexia.

Administer anticonvulsants if seizures present.

Provide oxygen and ventilation for respiratory depression.

Administer vitamin K for bleeding.

In severe cases, hemodialysis (not peritoneal dialysis) is used.

## Iron

Mineral supplement or vitamin containing iron

## Clinical Manifestations