

Aspirin Overdose	
Symptoms	<ul style="list-style-type: none"> •Mild toxicity: GI upset, tinnitus and tachypnea •Moderate toxicity: fever, diaphoresis, tachycardia, agitation, confusion •Severe toxicity: coma, pulmonary edema, seizures
Evaluation	Serum salicylate level (normal <30 mg/dL), ABG (primary respiratory alkalosis, primary anion-gap met acidosis), glucose (elevated - early, low - late), Electrolytes (hyper/hyponatremia, hypokalemia) +/- LFTs, CBC, coags, UA, serum/urine tox screen. EKG may show widened QRS, AV block, v. arrhythmias
Management	<ul style="list-style-type: none"> •GI decontamination: activated charcoal (consider repeat dose, prone to bezoar formation) •Aggressive fluid resuscitation (lots of insensible losses) •Urine alkalization: goal serum pH 7.45-7.55 to enhance ion trapping; can use D5 W150 mEq/L Na-bicarb •Potassium repletion •Follow salicylate levels q1-2 hours •Hemodialysis (ASA level >90-100mg/dL (acute) overdose, >60 mg/dL chronic), severe acidosis or electrolyte disturbances, renal failure, pulm edema, neurologic symptoms, deterioration despite interventions)

Beta-Blocker Overdose	
Toxic Dose	"One pill can kill" in toddlers
Pathophysiology	Adrenergic antagonist → ↓ sympathetic outflow
Symptoms	Bradycardia, hypotension, bronchospasm, coma, seizures, hypoglycemia
Evaluation	DS (hypoglycemia), EKG (brady, AV block, accelerated junctional rhythm), serum/urine tox
Management	<ul style="list-style-type: none"> •GI decontamination: activated charcoal (consider whole bowel irrigation) if indicated and no contraindications •Atropine for bradycardia/hypotension; fluids +/- pressors for hypotension •Glucagon bolus: 0.15 mg/kg then infusion of 0.05-0.1 mg/kg/hr •Hyperinsulinemia/euglycemia (HIE) therapy: sometimes used in severe BB OD

Calcium Channel Blocker Overdose	
Toxic Dose	"One pill can kill" in toddlers; individual drug selectivity for cardioactive vs vasoactive effects lost in significant overdose
Pathophysiology	Block L-type Ca channel blockers (affect myocyte contractility, SA nodal AP initiation)
Symptoms	Bradycardia, hypotension, coma, seizures, dihydropyridine CCBs (amlodipine, nifedipine, etc) can present w/ TACHYcardia and relative hypotension.
Evaluation	DS (hyperglycemia), EKG (bradycardia, AV block, accelerated junctional rhythm, wide QRS, ST Ⓢ), serum/urine tox
Management	<ul style="list-style-type: none"> •GI decontamination: activated charcoal (consider whole bowel irrigation) if indicated and no contraindications •Atropine for bradycardia/hypotension; fluids +/- pressors for hypotension •IV calcium chloride or calcium gluconate •HIE (hyperinsulinemia/euglycemia) therapy: 1 unit/kg bolus of regular insulin then 0.5-1+unit/kg/hr infusion •Intralipid 20%: 1.5ml/kg during 2-3 mins, followed by 0.25 ml/kg/min IV (consult Tox)