



## Beta Blocker Poisoning/Overdose

### **Aliases**

Anti-hypertensive

### **Patient Care Goals**

1. Reduce GI absorption of oral agents with some form of binding agent (activated charcoal) especially for extended release
2. Early airway protection is required as patients may have rapid mental status deterioration
3. Assure adequate ventilation, oxygenation, and correction of hypoperfusion

### **Patient Presentation**

Beta blocker or beta-adrenergic antagonist medication to reduce the effects of epinephrine/adrenaline

### **Inclusion Criteria**

1. Patients may present with:
  - a. Bradycardia
  - b. Hypotension
  - c. Altered mental status
  - d. Weakness
  - e. Shortness of breath
  - f. Possible seizures
  - g. Hypoglycemia
2. Beta blocker agent examples:
  - a. Acebutolol hydrochloride (Sectral®)
  - b. Atenolol (Tenormin®)
  - c. Betaxolol hydrochloride (Kerlone®)
  - d. Bisoprolol fumarate (Zebeta®)
  - e. Carteolol hydrochloride (Cartrol®)
  - f. Esmolol hydrochloride (Brevibloc®)
  - g. Metoprolol (Lopressor®, Toprol XL®)
  - h. Nadolol (Corgard®)
  - i. Nebivolol (Bystolic®)
  - j. Penbutolol sulfate (LevatoL®)
  - k. Pindolol (Visken®)
  - l. Propranolol (Inderal®, Inno Pran®)
  - m. Timolol maleate (Blocadren®)
  - n. Sotalol hydrochloride (Betapace®)
3. Alpha/beta-adrenergic blocking agents' examples:
  - a. Carvedilol (Coreg®)
  - b. Labetalol hydrochloride (Trandate®, Normodyne®)

### **Exclusion Criteria**

None noted