

Overdose/Poisoning/Ingestion

For any intentional or unintentional overdose/poisoning by any route, includes illicit substances and prescription medications, overdose and/or adverse reactions.

History

- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, and quantity
- Time of ingestion
- Reason (suicidal, accidental or criminal)
- Available medications in home
- Past medical history and medications

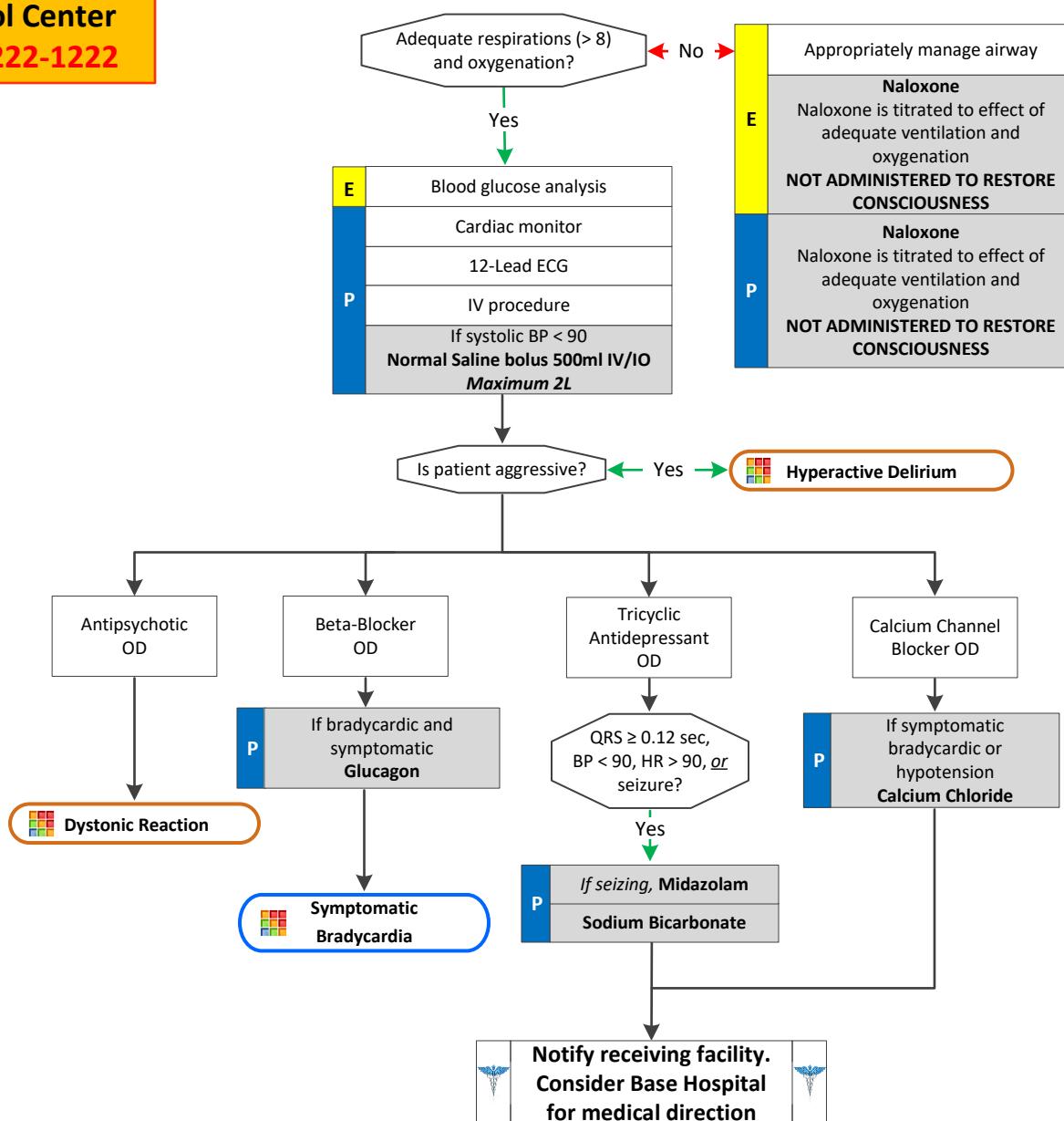
Signs and Symptoms

- Mental status changes
- Hypo or hypertension
- Decreased respiratory rate
- Tachycardia or dysrhythmias
- Seizures
- S.L.U.D.G.E.M.
- Vision impairment
- Pupillary changes

Differential

- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergics
- Cardiac medications
- Solvents, alcohols or cleaning agents
- Insecticides (organophosphates)

California Poison Control Center
(800) 222-1222



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| Toxidrome | Vital Signs | Mental Status | Pupils | Other Findings | Examples |
|--|--|--|----------------------------|---|---|
| Anticholinergic (i.e. large dose of atropine) | Hyperthermia (hot as hades), tachycardia, hypertension, tachypnea | Hypervigilant, agitated (mad as a hatter), hallucinating | Mydriasis (blind as a bat) | Dry, flushed skin (dry as a bone, red as a beet), urinary retention | Antihistamines, TCAs, atropine, scopolamine, antispasmodics |
| Cholinergic | Bradycardia (muscarinic), tachycardia and hypertension (nicotinic) | Confused, coma | Miosis | SLUDGE (Salivation, Lacrimation, Urination, Diarrhea, GI upset, Emesis) | Organophosphate pesticides, nerve agents, physostigmine |
| Hallucinogen | Hyperthermia, tachycardia, hypertension | Hallucination, synesthesia, agitation | Mydriasis | Nystagmus | PCP, LSD, mescaline |
| Opioid | Hypothermia, bradycardia, hypotension, bradypnea | CNS depression, coma | Miosis | Hyporeflexia, pulmonary edema | Opioids (heroin, morphine, methadone, dilaudid) |
| Sedative - hypnotic | Hypothermia, bradycardia, hypotension, bradypnea | CNS depression, confusion, coma | Mydriasis | Hyporeflexia | Benzos, barbiturates, alcohols |
| Serotonin syndrome | Hyperthermia, tachycardia, hypertension, tachypnea | Confused, agitated, coma | Mydriasis | Tremor, myoclonus, diaphoresis, hyperreflexia, trismus, rigidity | MAOIs, SSRIs, meperidine, dextromethorphan |
| Sympathomimetic | Hyperthermia, tachycardia, tachypnea | Agitated, hyperalert, paranoia | Mydriasis | Diaphoresis, tremors, hyperreflexia, seizures | Cocaine, amphetamines, pseudoephedrine |

Pearls

- Overdose or toxic ingestion patients with significant ingestion/exposures should be monitored very closely and aggressively treated as indicated. Do not hesitate to contact the Base Hospital or Poison Control for advice as certain critically ill overdose patients may quickly overwhelm medication supplies. For example, a tricyclic overdose with a wide QRS and altered mental status may need to receive multiple Sodium Bicarbonate boluses until QRS narrowing and clinical improvement. Note: Poison Control offers advice, not medical direction.
- Bring medication with the patient to the hospital.
- Tricyclic: Progression of toxicity include decreased mental status, dysrhythmias, seizures, hypotension then coma and death; onset can occur within 5 minutes.
- Acetaminophen: Initially normal or with nausea/vomiting.
- Aspirin: Early signs consist of abdominal pain and vomiting. Tachypnea and altered mental status may occur later. Renal dysfunction, liver failure or cerebral edema among other things can present later.
- Depressants: Decreased heart rate, blood pressure or temperature, decreased respirations, and non-specific pupils.
- Stimulants: Increased heart rate, blood pressure or temperature, dilated pupils, and seizures.
- Anticholinergics: Increased heart rate or temperature, dilated pupils, and mental status changes.
- Cardiac medications: Dysrhythmias and mental status changes.
- Solvents: Nausea, vomiting, coughing, and mental status changes.
- Insecticides: Increased or decreased heart rate, increased secretions, nausea, vomiting, diarrhea, and pinpoint pupils. Consider restraints if necessary for patient's or personnel's protection per Restraint Procedure. See Hazmat protocol for insecticide treatment.

