

Digoxin Poisoning



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- Toxicity occurring during chronic administration is common, though acute poisoning is infrequent.



Clinical features

- These include nausea, vomiting, dizziness, anorexia and drowsiness.
- Rarely, confusion, visual disturbances and hallucinations occur. Initial sinus bradycardia may be followed by supraventricular arrhythmias with or without heart block, ventricular premature beats and ventricular tachycardia.
- Hyperkalaemia occurs due to inhibition of the sodium–potassium activated ATPase pump.



Management

- ***Intravenous atropine***

1.2–2.4 mg is given to reduce sinus bradycardia, atrioventricular block and sinoatrial standstill.

- ***Digoxin-specific antibody fragments***

(digoxin-Fab) should be given intravenously for significant hyperkalaemia, marked arrhythmias and asystole.

In both acute and chronic poisoning, only half the estimated dose required for full neutralization (calculated from amount of drug taken or serum digoxin concentration) need be given initially; a further dose is given if clinically indicated.



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