



Maryland Poison Center

Tox Tidbits



November 2000

DID YOU KNOW THAT...

The Maryland Poison Center has many poison prevention education materials available for you to give your patients and clients.

Mr. Yuk stickers, telephone stickers, and pamphlets about preventing poisonings, poisonous plants, bites and stings, and other topics can be obtained free of charge for your hospital, fire department, clinic, etc. In addition, materials for teachers and videos are also available. For more information, call Melissa Melum at 410-706-7604 or use the following order form.

For consultation on all poisonings, call:

410-706-7701
(Baltimore area)

1-800-492-2414
(all of Maryland)

- **PLEASE POST & SHARE** this edition of *Tox Tidbits* with your colleagues. Any suggestions for what you would like to see included or questions you would like to see answered in future issues may be faxed to: *Tox Tidbits*, c/o Lisa at 410-706-7184.

Supported by Maryland Department of Health and Mental Hygiene

Salicylates

Salicylate poisoning was once commonly reported to poison centers and emergency departments. The development of acetaminophen in the 1960's and ibuprofen in the 1970's greatly changed the pattern of salicylate usage, resulting in fewer acute and chronic poisonings. However, intentional overdoses are still reported and account for a number of deaths each year. **Recently, the Maryland Poison Center has noticed an increase in the number of intentional aspirin overdoses**, especially in teens. In some cases, the patient's history does not suggest a salicylate ingestion but the presenting symptoms or lab tests will.

Acute aspirin ingestion of at least 150 mg/kg results in a variety of signs and symptoms including hyperventilation, diaphoresis, hyperpyrexia, tinnitus, nausea, vomiting, dehydration, restlessness and confusion. Coma and seizures may occur in severe poisonings. Metabolic changes include respiratory alkalosis, metabolic acidosis, hypernatremia, hypokalemia and either hypoglycemia or hyperglycemia. Treatment includes an initial dose of activated charcoal followed by repeat doses every 4-6 hours if there is evidence of continued absorption. Correction of fluid and electrolyte abnormalities is crucial. Sodium bicarbonate is given to correct acidemia and results in a decrease in the CNS penetration of salicylate. Hemodialysis is indicated in severely toxic patients.

Salicylate blood levels are recommended in all overdose patients with or without a history of salicylate ingestion. If positive, a repeat level should be obtained every 2-4 hours until a downward trend is seen. Because of the possibility of delayed absorption from sustained release products, enteric coated tablets or bezoar formation, a single blood level should not be used to assess the patient. The Maryland Poison Center can assist with diagnosis, treatment and blood level interpretations on all patients.

Toxicology Grand Rounds:

"Toxicology in the Performing Arts"

Presented by:

David Glenn, MD
Howard University

Thursday, December 21, 2000 at 2:00 PM
University of Maryland Pharmacy Learning Center
110 N. Pine Street
Baltimore, MD 21201

All are welcome!

Call 410-706-7604 for more info!