Toxic Exposures

1. List the drugs that can cause tachycardia and those that cause bradycardia

2. Which classes of drugs cause delayed symptoms?

3. List the most frequently fatal pharmaceutical ingestions

4. Which toxic overdoses may benefit from lavage?

5. Which patients are candidates for whole bowel irrigation?

6. Name the two types of enhanced elimination and their indication

7. Name the antidote for the following ingestions:
   Anticholinergics ____________________________
   Pesticides ____________________________
   Warfarin ____________________________

Refer to Harriet Lane for the following questions

1. What does the acronym SLUDGE and DUMBELS refer to as it associates with cholinergic toxicity?

2. Name examples of drugs causing ANTIcholinergic symptoms.

3. Which drugs result in a positive anion gap metabolic acidosis?

4. What is considered a toxic dose of acetaminophen?

5. Number the phases of acetaminophen toxicity
   ____ encephalopathy and renal failure
   ____ anorexia and emesis
   ____ fulminant hepatic failure
   ____ ALT >1000

6. Name the organ systems most affected by cocaine intoxication.

7. Enhanced elimination with urinary alkalinization is indicated for which ingestions?
   ____ Phenobarbital
   ____ salicylates
8. A 21-month-old presents to the ED with tachypnea and lethargy. Mom picked her up from grandma's house and sought medical help secondary to her decreased level of activity. Grandma takes medications for hypertension and diabetes and has recently developed joint aches for which she uses an oil to relieve her pain.

On PE, pt is afebrile, tachypneic, and responds only to painful stimulation. His lung exam reveals few crackles and abdominal exam is significant for generalized tenderness without rebound or guarding. Bowel sounds are positive. She smells like mint. Pertinent labs: 7.2/35/85/14/-8, lactic acid 5, glucose 41. Identify the toxic ingestion and discuss the medical management.

9. Identify the phases of iron poisoning
   - INR 4, pH 7.1, sats of 86%
   - Confusion, bloody diarrhea
   - Bowel obstruction
   - Abdominal pain and hematemesis

10. Name the antidote for iron poisoning. Describe its indication and length of treatment.

11. A 10-month-old s/p Norwood Stage I presents to the ED with several hour history of decreased po intake, vomiting, and decreased activity. New babysitter relates that he takes three medicines but cannot remember the names. They are for his "sick heart." VS: HR 75, BP 80/50, RR 25, sat 75%. EKG reveals prolonged PR interval and flattened T wave. What is the most probable toxic ingestion? Describe the management.