Managing poisoning or overdose

**Antidote and indications**

Pralidoxine (Protopam chloride) (con’t)

Antidote for organophosphate poisoning and cholinergic drug overdose

If the patient’s skin was exposed, remove his clothing and wash his skin and hair with sodium bicarbonate, soap, water, and alcohol as soon as possible. He may need a second washing. When washing the patient, wear protective gloves and clothes to avoid exposure.

Observe the patient for 48 to 72 hours after he ingested the poison. Delayed absorption may occur Watch for signs of rapid weakening in the patient with myasthenia gravis being treated for a cholinergic drug overdose. He may pass quickly from a cholinergic to a myasthenic crisis and require more cholinergic drugs to threat myasthenia. Keep edrophonium available.

**Syrup of ipecac (Ipecac syrup)**

Induction of vomiting in poisoning

Syrup of ipecac is contraindicated for semiconscious, unconscious, and severely inebriated patients and for those with seizures, shock, or absent gag reflex.

Don’t give after ingestion of petroleum distillates or volatile oils because of the risk of aspiration pneumonitis. Don’t give after ingestion of caustic substances, such as lye, because further injury can result.

Before giving, make sure you have ipecac syrup, not ipecac fluid extract (14 times more concentrated, and deadly).

If two doses don’t induce vomiting, consider gastric lavage.

If the patient also needs activated charcoal, give charcoal after he’s vomited, or charcoal will neutralize the emetic effect.

The American Academy of Pediatrics (AAP) no longer recommends using syrup of ipecac at home because it can be improperly administered and has been abused by persons with eating disorders such as bulimia. The AAP recommends that parents keep the universal poison control telephone number (1-800-222-1222) posted by their telephone.

**Nursing considerations**

**Acetylcysteine (Mucomyst, Mucosil, Parvolex)**

Treatment of acetaminophen toxicity

- Use cautiously in elderly or debilitated patients and in patients with asthma or severe respiratory insufficiency.
- Avoid use with activated charcoal.
- Don’t combine with amphotericin B, ampicillin, chymotrypsin, erythromycin lactobionate, hydrogen peroxide, oxytetracyclines, tetracycline, iodized oil, or trypsin. Administer separately.
- Don’t give to semiconscious or unconscious patients.

**Activated charcoal (Actibose-Aqua, Charcoaid, Charcocaps, Liqui-Char)**

Treatment of poisoning or overdose with most orally administered drugs, except caustic agents and hydrocarbons

- If possible, administer within 30 to 60 minutes of poisoning. Administer larger dose if patient has food in his stomach.
- Don’t give with syrup of ipecac because charcoal inacti- vates ipecac. If a patient needs syrup of ipecac, give charcoal after he finishes vomiting.
- Don’t give ice cream, milk, or sherbet because they reduce charcoal’s adsorption capacities.
- Powdered form is most effective. Mix with tap water to form a thick syrup. Add a small amount of fruit juice or flavoring to make the syrup more palatable.
- You may need to repeat the dose if the patient vomits shortly after administration.

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| **Amyl nitrite**         | • Amyl nitrite is effective within 30 seconds, but its effects last only 3 to 5 minutes.  
  • To administer, wrap ampule in cloth and crush. Hold near the patient's nose and mouth so he can inhale the vapor.  
  • Monitor the patient for orthostatic hypotension.  
  • The patient may have a headache after administration. | **Naloxone (Narcan)** | • Use cautiously in patients with cardiac irritability or opioid tolerance.  
  • Monitor the patient's respiratory depth and rate. Be prepared to provide oxygen, ventilation, and other resuscitative measures.  
  • Duration of opioid may exceed that of naloxone, causing the patient the relapse into respiratory depression and requiring repeated administration.  
  • You may administer drug by continuous I.V. infusion to control adverse reactions to epidurally administered morphine.  
  • You may see "overshoot" effect—the patient's respiratory rate after receiving drug exceeds his rate before respiratory depression occurred.  
  • Naloxone is the safest drug to use when the cause of respiratory depression is uncertain.  
  • Naloxone doesn't reverse respiratory depression caused by benzodiazepines such as diazepam. The reversal agent for benzodiazepines is flumazenil.  
  • Although generally believed ineffective in treating respiratory depression caused by nonopioids, naloxone may reverse coma induced by alcohol consumption. |
| **Digoxin immune fab (Ovine) (Digibind)** | • Use cautiously in patients allergic to ovine proteins because the drug is derived from digoxin-specific antibody fragments obtained from immunized sheep. Perform skin test before administering.  
  • Use only in patients in shock or cardiac arrest with ventricular arrhythmias, such as ventricular tachycardia or fibrillation; with progressive bradycardia, such as severe sinus bradycardia; or with second- or third-degree atrioventricular block unresponsive to atropine.  
  • Infuse through a 0.22-micron membrane filter, if possible.  
  • Refrigerate powder for reconstitution. If possible, use reconstituted drug immediately, although it may be refrigerated for up to 4 hours.  
  • Drug interferes with digoxin immunoassay measurements, resulting in misleading standard serum digoxin levels until the drug is cleared from the body (about 2 days).  
  • Total serum digoxin levels may rise after administration of this drug, reflecting fat-bound (inactive) digoxin.  
  • Monitor potassium levels closely. | **Pralidoxime (Protopam chloride)** | • Don't give to patients poisoned with carbaryl (Sevin), a carbamate insecticide, because it increases Sevin's toxicity.  
  • Use with caution in patients with renal insufficiency, myasthenia gravis, asthma, or peptic ulcer.  
  • Use in hospitalized patients only; have respiratory and other supportive equipment available.  
  • Administer pralidoxime as soon as possible after poisoning. Treatment is most effective if started within 24 hours of exposure.  
  • Before administering, suction secretions and make sure airway is patent.  
  • Dilute drug with sterile water without preservatives. Give atropine along with pralidoxime. |