

Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

POISONING IN CHILDREN

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Continuation from previous issue.

Poison Salicyclates

1. Activated Charcoal 1gm/kg max single dose 50gm With hold on Altered level of consciousness
2. Alkalization (refer Barbiturate poisoning)
3. Addition of Potassium
4. Hemodialysis

Theophylline

- 1.Vomiting IV Ondansetron (0.15mg/kg)
2. Seizures – Lorazepam 0.1mg/kg
Second Line Phenobarbitone
Midazolam /Avoid Fosphenytoin
3. Treat Arrhythmia
4. Hypotension NS Phenylephrine
bolus dose 5-20mcg/kg/dose
5. Administer Activated Charcoal
6. Hemodialysis

Cough syp.

Naloxone 0.1mg/kg

Containing codeine

Antihistamine

Physostigmine if there is
Respiratory depression.

Belladonna (Datura)

Physostigmine
0.02mg/kg upto a maximum
of 0.5mg per dose given IV over 5minutes.
Additional smaller doses after 20-30minutes.
Note:Place patient on monitor,
have Resuscitation equipment ready.



GENERAL MEDICINE , GENERAL SURGERY,
PEDIATRICS AND NEONATOLOGY
PLASTIC AND COSMETIC SURGERY ENT SURGERY,
OB AND GYN
UROLOGY , VASCULAR AND NEUROLOGY



β Blockers

No treatment if asymptomatic

Glucagon 0.05mg/kg/ IV
bolus followed by infusion
of 0.07mg/kg/hr
Calcium 60mg/kg or 2ml/kg
of Calcium Gluconate
Atropine 0.02mg/kg
+/-
Adrenaline Infusion start at
0.1mcg/kg/min
+/-
Insulin Glucose
+/-
Intra Lipids

TricydicAntidepressants

Cardiovascular toxicity
Mortality is due to
Hypotension
Soda Bicarbonate
Mainstay of therapy

1.Soda Bicarbonate
1-2mEq/kg push
followed by infusion
75mEq of Soda Bicarbonate
in 500ml of 5% GDW run
at twice maintenance rate
2.Treat Hypotension
with NS bolus
3.Lorazepam to control
agitation
4.Note : Physostigmine is
contra indicated

Methemoglobinemia

Methylene blue
Avoid in G6PD deficiency

Vit C
(If MB un available)

Lead poisoning

Obtain lead levels
Chelation therapy
for Lead levels
> 45mcg/dl

5. Gastric lavage contra indicated

For refractory cases

Hypotension : Nor adrenaline infusion,3%Nac,Intralipids

Arrhythmia : Lidocaine arrhythmia persists despite

Soda Bicarbonate

1% Solution 1- 2mg/kg/dose IV
over 5minutes repeat after 4 hrs

200-500mg/as IV infusion

Titrate to response.

Exchange transfusion in severe cases

Lead level 45-69mcg/dl

Succimer (DMSA)

(Dimercaptosuccinicacid)

Dose 350mg/m²/ dose q8h

3times a day for 5days

followed by 2times a day for
14days.

> 70mcg/dl No encephalopathy

Succimer + EDTA

If encephalopathy present

EDTA + BAL

EDTA + Dimercaprol

EDTA Dose 1000-1500mg/m²/day

IV infusion / IM divided Q6h or Q12hr for 5days

Dimercaprol 300-500mg/m²

IM divided q4h for 3-5days

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