

**MANAGEMENT OF DRUG POISONING**

<b>cocaine</b>	<b>CVS toxicity</b>	
	Convulsions	
<b>digitalis</b>	<b>CVS toxicity</b>	
	Antidote administration: Digoxin antibodies	
<b>antimuscarinic</b>	<b>Tachycardia</b>	
	<b>Mydriasis</b>	
	Flushed, hot, and dry skin	
	Blurred vision	
	Delirium	
	Antidote is NOT used for treatment	
<b>sympathomimetic</b>	<b>Tachycardia</b>	
	<b>Mydriasis</b>	
<b>cyanide poisoning</b>	<b>Cellular hypoxia</b>	
	Syncope, convulsions, coma	
	Treatment	Nitrites: induce methemoglobinemia
		Thiosulfate: converts cyanide to thiocyanate
<b>carbon monoxide</b>	<b>Cellular hypoxia</b>	
	Rapid respirations	
<b>opioids</b>	<b>Miosis</b>	
	Antidote administration: Naloxone IV	
	Drugs of abuse	
	CNS & respiratory depression	
<b>organophosphorous insecticide ( CE inhibitors)</b>	<b>Miosis</b>	
	Excessive sweating	
	abdominal colic and diarrhea	
	Antidote administration: Pralidoxime and Atropine	
	Excessive cholinergic stimulation by : muscarinic stimulation and nicotinic stimulation	
<b>sedative-hypnotic</b>	Hypotension and bardycardia occur with overdose (calcium channel blockers does that too!)	
	CNS depression (narcotics does that too!)	
<b>paracetamol</b>	Organ system damage	
	Jaundice may suggest hepatic necrosis	
	Antidote administration : Acetylcysteine	
	renal tubular cell damage	
	Treatment: N- acetylcysteine IV or oral methionine	
<b>salicylates (aspirin)</b>	first sign of aspirin toxicity is hyperventilation and respiratory alkalosis.	
	Elimination:	Urinary pH alteration( alkization) such as IV sodium bicarbonate
		hemodialysis (and lithium) more faster!!
	severe poisoning, severe metabolic acidosis, coma, and cardiovascular collapse	
<b>diphenhydramine</b>	Convulsions (amphetamines does that too!)	
<b>Iron</b>	Childhood poisoning	
	Antidote administration: Desferoxamine	

**Antidote administration:** Benzodiazepines >> Flumazenil