

Overdose and Poisoning (Adults)

Table 3.68 – SPECIFIC SUBSTANCES MANAGEMENT

SUBSTANCE	MANAGEMENT
	<p>⚠ Safety First – DO NOT put yourself in danger – carry out a dynamic risk assessment and undertake measures to preserve your own safety.</p> <ul style="list-style-type: none"> Alcohol intoxication is a common emergency, especially in young adults, and is usually a transient problem. Alcohol intoxication may cause alcohol-induced hypoglycaemia – Correct blood glucose level – refer to glycaemic emergencies; other relevant guidance: glucose 10% guideline and glucagon guideline – NB Glucagon is often not effective in overdoses. When alcohol is combined with drugs in overdose, it may pose a major problem. For example, when combined with opiate drugs or sedatives, it will further decrease the level of consciousness with increased risk of respiratory depression and aspiration of vomit. In combination with paracetamol increases the risk of liver damage.
Carbon monoxide poisoning Disorientation, decreased consciousness. Unconscious. NB The supposed cherry red skin colouration in carbon monoxide poisoning is rarely seen in practice.	<ul style="list-style-type: none"> Any patient found unconscious or disorientated in an enclosed space, for example, a patient involved in a fire in a confined space, where ventilation is impaired, or where a heating boiler may be defective, MUST be considered at risk of carbon monoxide poisoning. The immediate requirement is to remove the patient from the source (and administer continuous supplemental oxygen in as high a concentration as possible) as carbon monoxide is displaced from haemoglobin more rapidly the higher the concentration of oxygen. SpO₂ monitoring is of no value in carbon monoxide poisoning as it measures bound haemoglobin and makes no distinction as to whether it is bound to O₂ or CO.
Orthochlorobenzalmalononitrile (CS gas) Lacrimation, burning sensation of the eyes, excessive mucus production, nausea and vomiting.	<ul style="list-style-type: none"> Carried by police forces for defensive purposes. CS spray irritates the eyes (tear gas) and respiratory tract. AVOID contact with the gas, which is given off from patient's clothing. Where possible keep two metres from the patient and give them self-care instructions. Symptoms normally resolve in 15 minutes but may however potentiate or exacerbate existing respiratory conditions. If symptoms are present: <ul style="list-style-type: none"> Remove patient to a well ventilated area. Remove contaminated clothes and place in a sealed bag. If possible remove contact lenses. DO NOT irrigate the eyes as CS gas particles may dissolve and exacerbate irritation. If irrigation is required use copious amounts of saline. Patients with severe respiratory problems should be immediately transported to hospital – refer to airway management guideline. Ensure good ventilation of the vehicle during transfer to further care.
Calcium-channel blockers Diltiazem, Verapamil, Dihydrocodeine	<ul style="list-style-type: none"> Overdose may lead to cardiac arrest. Overdose of sustained release preparations can lead to delayed on-set symptoms including: arrhythmias, shock, sudden cardiac collapse. Refer to Table 3.67 for management. <p>NB Immediate release preparations: problems are unlikely to develop in patients that are asymptomatic, and where the time interval is greater than 6 hours from time of ingestion.</p>
Iron Nausea, vomiting blood, diarrhoea, black stools, metallic taste, convulsions, dizziness, flushed appearance, decreased level of consciousness, non-cardiac pulmonary oedema.	<ul style="list-style-type: none"> Iron pills are regularly used by large numbers of the population including pregnant mothers. They may cause extensive damage to the liver and gut and these patients will require hospital assessment and treatment. <p>NB Charcoal is contra-indicated as it may interfere with subsequent treatment.</p>
Cyanide Confusion, drowsiness, decreased level consciousness, dizziness, headache, convulsions.	<ul style="list-style-type: none"> Cyanide poisoning requires specific treatment – seek medical advice. Provide full supportive therapy and transfer immediately to hospital. Provide an alert/information call. Cyanide poisoning can occur in patients exposed to smoke in a confined space e.g. house fire. Remove the patient from the source and administer continuous supplemental oxygen in as high a concentration as possible. If there are signs of decreased levels of consciousness transfer immediately to hospital. Provide an alert/information call. In cases of CBRNE the HART/SORT team will provide guidance. Poisoning may occur in certain industrial settings. Cyanide 'kits' should be available and the kit should be taken to hospital with the patient. The patient requires injection with Dicobalt edetate refer to dicobalt edetate guideline or administration of the currently unlicensed drug hydroxycobalamin.