



## Diagnosis of Poisoning

### 9 common pathophysiology toxic mechanism

	Effect	Agent
<b>Local tissue</b>	Tissue damage	Corrosive agent
<b>lungs</b>	Aspiration Systematically	Hydrocarbons Paraquat
<b>CNS</b>	Coma Convulsion	Opioids, sedative hypnotic Cocaine, Amphetamine
<b>ANS</b>	Cholinergic Anticholinergic	Organophosphorus, Carbamates, insecticides
<b>Heart</b>	Myocardial dysfunction Dysrhythmias Hypertension Hypotension	TCA Quinidine Cocaine, Amphetamine BB, CCB
<b>Liver</b>	Damage	Paracetamol
<b>Kidney</b>	Damage	Metals
<b>Interfere with transport of O<sub>2</sub></b>	Hypoxia	Cyanide, Hydrogen sulphide, Carbon monoxide
<b>Acid-base balance</b>	Metabolic acidosis	Methanol
<b>Haematology</b>	Bleeding	Warfarin , super-warfarin

### Diagnosis:

#### I. Taking history

- A. Personal history
- B. Intoxication history
- C. Past history
- D. Family history



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N.B: Ask about respiratory, GIT, CVS, Neurological and Genitourinary

### II. Physical examination

A. General finding and vital signs (Toxidromes): finger prints of toxicology.

Syndrome	Medication caused	Clinical manifestation	Antidote	Treatment
<b>Sympathomimetic</b>	Cocaine Amphetamines	<b>MATHS</b> <b>Mydriasis</b> <b>Agitation, Arrhythmia, Angina</b> <b>Tachycardia</b> <b>Hypertension, Hyperthermia</b> <b>Seizure, Sweating.</b> <b>High (BP, HR, T, RR)</b>		<ul style="list-style-type: none"> <li>Treat agitation, HTN, and seizures with <b>benzodiazepines</b>.</li> <li><b>Avoid pure BB</b> due to unopposed alpha agonism.</li> </ul>
<b>Opioid syndrome</b>		<b>CPR-3H</b> <b>Coma</b> <b>Pinpoint pupils (not w meperidine)</b> <b>Respiratory depression</b> <b>Hypotension, Hypothermia,</b> <b>Hyporeflexia.</b> <b>Low (BP, HR, T, RR)</b>	<b>Naloxone</b>	Naloxone and ventilation.
<b>Cholinergic</b>	Organophosphate Carbamate Physostigmine	<b>DUMBLES</b> <b>Diarrhea</b> <b>Urination</b> <b>Moises</b> <b>Bradycardia, Bronchospasm</b> <b>Lacrimation</b> <b>Emesis, Excitation</b> <b>Salivation</b> <b>Low (T, RR)</b>	<b>Atropine</b>	
<b>Anticholinergic</b>	Atropine Benztropine	<b>Flushed and dry skin</b> <b>Urinary retention</b>	<b>Physostigmine</b>	



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	Antihistamine Antidepressants	<b>Constipation</b> <b>Mydriasis</b> <b>Tachycardia</b> <b>Hallucination</b> <b>Agitation</b> <b>High (HR, T)</b>		
<b>Serotonin</b>	Antidepressant <ul style="list-style-type: none"> <li>• SSRIs</li> <li>• SNRIs</li> <li>• Bupropion</li> <li>• TCA</li> <li>• MAOIs</li> <li>• Lithium</li> <li>• Cocaine</li> <li>• Amphetamines</li> </ul>	Confusion, Agitation or restlessness Dilated pupils Headache Changes in BP and body temperature Nausea and Vomiting Diarrhea Tachycardia and Tremors		<ul style="list-style-type: none"> <li>• Skeletal muscle relaxants to control agitation, seizures and muscle stiffness.</li> <li>• Serotonin-production blocking agents for blocking serotonin production.</li> <li>• IV fluids and Oxygen</li> <li>• Antihypertensives – Beta blockers</li> </ul>
<b>Neuroleptic malignant</b>	Neuroleptic drugs Antipsychotics	hyperthermia Confusion and altered mental status Muscle rigidity Autonomic dysfunction.	<b>Dantrolene</b>	<ul style="list-style-type: none"> <li>• Using cooling blankets or ice packs for hyperthermia.</li> <li>• Supportive care.</li> <li>• <b>Dantrolene</b> as muscle relaxant.</li> <li>• Dopaminergic agents such as bromocriptine, apomorphine and amantadine may be used.</li> </ul>
<b>Malignant hyperthermia</b>	<u>Inhaled general anaesthetics</u> <b>Halothane</b> <b>Desflurane</b> <b>Enflurane, Isoflurane</b> <b>Sevoflurane</b> <b>Succinylcholine.</b>	Serious muscle spasms. Muscle rigidity. Rapid, shallow breathing and low oxygen and high carbon dioxide. Tachycardia Dysrhythmia Severely high body temperature. Extreme sweating	<b>Dantrolene</b>	<ul style="list-style-type: none"> <li>• <b>Dantrolene</b> a skeletal muscle relaxant used to treat the <u>reaction by blocking the discharge of calcium ions into the muscle.</u></li> <li>• correct the metabolic imbalance.</li> </ul>
<b>Sedative hypnotic &amp; ethanol</b>		<b>Low (BP, HR, RR)</b>		



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### Vital signs

	Effect	Medication caused
Pulse	Bradycardia	BB, Anticholine esterase, Digoxin, Opiate, Barbiturate.
	Tachycardia	<b>Anticholinergic</b> (Atropine, Benztropine, Antihistamine, Antidepressants TCA), <b>Sympathomimetic</b> , theophylline, digoxin. <b>May be with metabolic disturbance, hypoxia and hypoglycemia.</b>
BP	Hypotension	BB, GIT fluid loss.
	Hypertension	<b>Sympathomimetic</b> , <b>Anticholinergic</b> , scorpion, phencyclidine.
Body Temp.	Hypothermia	<b>COOS: Carbon monoxide, Opiates, Oral hypoglycemics/insulin, Ethanol, Sedatives.</b>
	Hyperthermia	<b>Sympathomimetic</b> , <b>Anticholinergic</b> , Antidepressants due to muscle activity, impaired thermoregulation, hypermetabolic.
Respiratory Rate	Bradypnea	CNS depressants (opiate, ethanol, sedative) Paralytic agents (NM blocker, paralytic plant toxin, botulism)
	Tachypnea	<b>Toxic hypoxia</b> (CO, Cyanide, H <sub>2</sub> S), <b>Metabolic acidosis</b> (methanol, salicylate), <b>aspiration pneumonia</b> in irritant gas inhalation.

### B. Consciousness and mental status (**Coma**)

Causes			Diagnosis	Treatment	
<b>Toxicological</b> <b>CNS depressants</b> <ul style="list-style-type: none"> <li>Anticholinergics</li> <li>Antihistamines</li> <li>Barbiturates</li> <li>Phenothiazines</li> <li>Benzodiazepines</li> <li>Carbamazepine</li> <li>Alcohols</li> <li>TCA</li> <li>Opiates</li> </ul>	<b>Cellular hypoxia</b> <ul style="list-style-type: none"> <li>CO</li> <li>Cyanide</li> <li>Hydrogen sulfide</li> <li>MetHb-emia</li> </ul> <b>Others:</b> <ul style="list-style-type: none"> <li>Hypoglycemic agents</li> <li>Salicylate</li> </ul>	<b>Pathological</b> <ul style="list-style-type: none"> <li>Renal failure</li> <li>Liver cell failure</li> <li>Metabolic (hypoglycemia)</li> <li>Hypertensive encephalopathy</li> <li>Infections (encephalitis, meningitis)</li> </ul>	<b>Traumatic</b> <ul style="list-style-type: none"> <li>Head injury</li> </ul>	Rapid evaluation of the level of consciousness by <b>AVPU system</b> .  <b>Glasgow com scale to measure the depth of coma</b>	<b>Coma cocktail:</b> <ul style="list-style-type: none"> <li><b>Dextrose</b> For hypoglycemia</li> <li><b>Thiamine</b> Prevent Wernickes syndrome</li> <li><b>Naloxone</b> For respiratory depression</li> </ul> <b>Flumazenil</b> if <u>benzodiazepine is the cause of coma</u>



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### C. Eye findings

Miosis	Mydriasis
<ul style="list-style-type: none"><li>• <b>Sympatholytic agent</b> (Clonidine, opiates, phenothiazines)</li><li>• <b>Cholinergic agents</b> (Organophosphates, carbamate)</li><li>• <b>Pontine Hemorrhage</b> (Not response to naloxone)</li></ul>	<ul style="list-style-type: none"><li>• <b>SHAW</b> Sympathomimetic Hallucinogens</li><li>• <b>Anticholinergics, Atropine, Antidepressant TCA</b></li><li>• <b>Withdrawal of opioids, sedative, ethanol</b></li></ul>

### D. Abdominal findings (perforation, obstruction, vomiting)

### E. Skin findings

### F. Odours

#### Odor

- ✓ Acetone
- ✓ Bitter almonds
- ✓ Garlic
- ✓ Mothballs
- ✓ Rotten eggs
- ✓ Wintergreen

#### Drug or Toxin

Acetone, isopropyl alcohol  
Cyanide  
Arsenic, organophosphates, selenium, thallium  
Naphthalene,  
Hydrogen sulfide  
Methyl salicylate



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### III. Lab tests, Toxicology screening and Abdominal X-ray

Laboratory		Radiological
Routine	Specific	
<ul style="list-style-type: none"><li>• <b>CBC</b></li><li>• <b>Renal function</b> (Urea, Cr)</li><li>• <b>Liver function</b> (AST,ALT)</li><li>• <b>Arterial Blood Gases</b> (ABG)</li><li>• <b>Glucose &amp; Electrolytes</b> (K<sup>+</sup>, Na<sup>+</sup>)</li></ul>	<b>Detection of the drug or toxin and its metabolites in blood or urine</b>	<ul style="list-style-type: none"><li>• ECG</li><li>• Abdominal U/S</li><li>• X-ray (chest, abdomen)</li><li>• CT</li><li>• MRI</li></ul>

#### • **DD of Radio-opaque substances (X-Ray): -** **(COINS)**

- Cocaine packets
- Opium Packets
- Iron
- Neuroleptic agents (phenothiazines)
- Sustained released drugs

