

The background features a light purple-to-blue gradient. Scattered across the surface are numerous water droplets of various sizes, some with soft shadows. A large, faint, light-colored circular graphic is centered in the upper half of the slide.

# PRINCIPLES IN MANAGEMENT OF TOXICITY CASE

*Practical Clinical Toxicology*

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**Department of Pharmacology and Toxicology**

Title of the course: *Practical Clinical Toxicology*

Level: 5<sup>th</sup> Class, 1<sup>st</sup> Semester

Credit hours/week: 1

Reference text: 1- *Gossel TA, Bricker ID, (Eds.); Principles of Clinical Toxicology; latest edition.* 2- *Viccellio P, (Ed.); Handbook of Medicinal Toxicology; latest edition.*

**Objectives:** To teach students the applications of the principles of drugs and chemicals-induced toxicity in humans, and gain experience in evaluation steps and treatment measures based on sample analysis and interpretation of toxicity signs and symptoms.

No	Lecture title
1	Laboratory Principles or Toxicological Screening.
2	Over the counter drugs: Case on Acetaminophen poisoning; Salicylates; evaluation of urine salicylates.
3	Urine analysis of toxins and chemicals.
4	Cardiac glycosides toxicity: Digitalis.
5	Cases on toxicity with foods and dietary supplements.
6	Identification of some common poisons in biological samples: Arsenic; cyanide; strychnine; Salicylates; Phenothiazine derivatives; barbiturates
6	Evaluation of cases of toxicity with anti-parkinsonian drugs.
7	Evaluation of drug toxicity on human.

# CLINICAL STRATEGY FOR TREATMENT OF THE POISONED PATIENT

The treatment of the poisoned patients in the emergency department include the following:

Stabilization of the patient.

# CLINICAL HISTORY IN THE POISONED PATIENT

HISTORICAL DATA INCLUDE:

Type of toxin.

# GENERAL NON-SPECIFIC ASSESSMENT



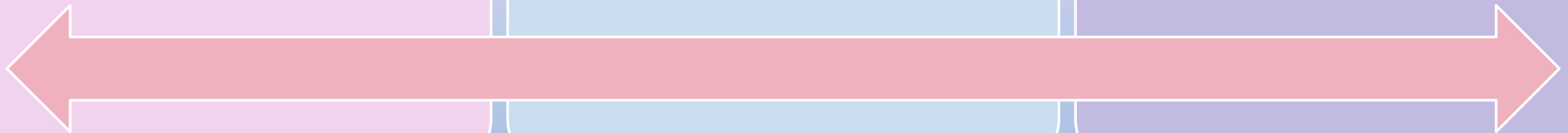
Support breathing  
Administration of  
oxygen



Cardiovascular  
stabilize B.P and  
normalize H.R



CNS  
consciousness  
control  
convulsions



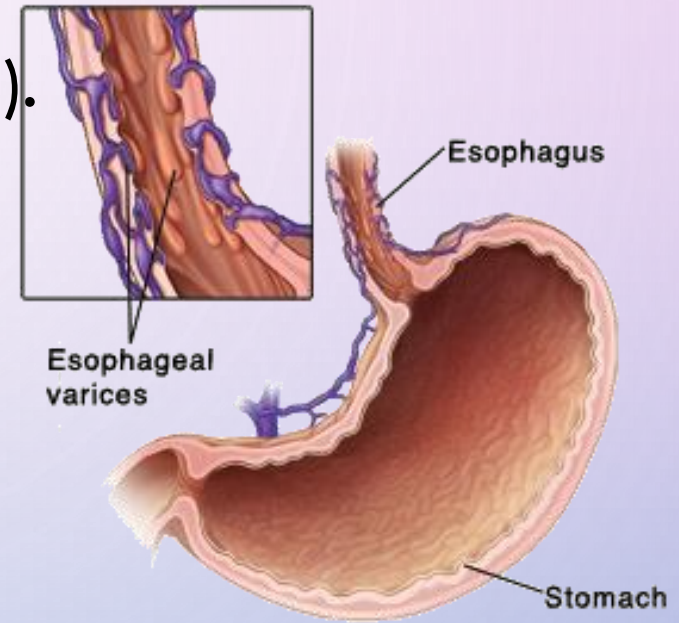
# MAJOR APPROACHES FOR TOXICITY MANAGEMENT

## 1. FIRST PREVENTION OF GIT ABSORPTION OF TOXIN

- **GASTRIC EMPTYING:** (Dilution, emesis, gastric lavage, Activated charcoal, cathartics, WBI)

- **CONTRAINDICATIONS**

1. Caustic acid/alkali ingestions.
2. Hydrocarbon ingestion? Why (**aspiration**).





## A. Dilution:

1-2 capfuls for child, 2-3 for adults.



## • **B. EMESIS BY:**

### • **1. IPECAC SYRUP**

#### • INDICATIONS

1. Ingestion at home (home use).
2. Ingestion by infants older than six months.





- **DOSE OF IPECAC SYRUP**

- Adults and children over 6 years: 30ml once.



- **COMPLICATIONS**

- Aspiration pneumonitis.



## • 2. APOMORPHINE

- Is a morphine derivative
- Produce rapid emesis 3-5 min (direct stimulation of CRTZ)

## C. GASTRIC LAVAGE

- Usefulness depend on time (10-20%) of gastric content removed after one hour of ingestion
- DOSE: 10 ml/kg/lavage of 0.9% saline up to 400ml in adult

- **GASTRIC LAVAGE**

- **INDICATIONS**

1. Ingestion of drug or toxin that still in stomach (less than 1hr).
2. Ingestion of drug or toxin that delay gastric emptying or EC, SR preparations.

- **COMPLICATIONS**

- Inadvertent tracheal intubation

## D. Multidose Activated Charcoal

- Dosing: 0.5-1.0 g/kg every 1 to 4 hours



## E. WBI (WHOLE BOWEL IRRIGATION)

- Cleanses the bowel by enteral administration of large amounts of PEG-Electrolyte Solution which induce a liquid stool.



- **CONTRAINDICATIONS**

- Paralytic ileus or small bowel obstruction.

# REFERENCES

***1- GOSSEL TA, BRICKER TD, (EDS.); PRINCIPLES OF CLINICAL TOXICOLOGY; LATEST EDITION.***

***2- VICCELLIO P, (ED.); HANDBOOK OF MEDICINAL TOXICOLOGY; LATEST EDITION.***

***3- JOURNALS OF PHARMACOLOGY AND TOXICOLOGY***