

TOXIDROMES

TOXIDROMES

ANTICHOLINERGIC

- Mydriasis
- Blurred vision
- Fever
- Dry skin
- Flushing
- Ileus
- Urinary retention
- Tachycardia
- Hypertension
- Psychosis
- Myoclonus
- Seizures

ANTIDOTE:
physostigmine /
treat symptoms

MANAGEMENT

- ✓ Maintain an open airway and assist ventilation if needed
- ✓ Treat (if they occur):
 - Hyperthermia....external rapid cooling
 - Seizures....benzodiazepine

MANAGEMENT

- ✓ A small dose of **physostigmine** (0.5-1 mg IV in an adult), given to patients with severe toxicity
- ✓ **Precaution:** can cause AV block, asystole, and seizures, especially in patients with tricyclic antidepressant overdose
- ✓ **Decontamination:** administer activated charcoal orally (gastric lavage is not needed)

TOXIDROMES: SYMPATHOMIMETIC

منشط

SYMPATHOMIMETIC (COCAINE, AMPHETAMINES)

- MYDRIASIS
- TACHYCARDIA
- HYPERTENSION
- FEVER
- SWEATING
- SEIZURES

احفظوا انهم
يعملون زیاده
باليافرازات

ANTIDOTE:
benzodiazepines

TOXIDROMES

NARCOTIC

Papaver somniferum
“poppy plant”



TOXIDROMES

مُخدر

NARCOTIC (HEROIN, METHADONE)

- ❖ MIOSIS
- ❖ CNS DEPRESSION
- ❖ BRADYCARDIA
- ❖ HYPOTENSION
- ❖ HYPOVENTILATION
- ❖ HYPOTHERMIA
- ❖ COMA
- ❖ DEATH

ANTIDOTE:
naloxone

عادة الي بكونو بتعاطو ما بوخذو نوع واحد بس وانما تكون خليط

ممكن يكون AMPHETAMINES مع narcotic
فإذا كان عندهم صعوبه بالتنفس بعطيهم nalxon
فبهائي الحاله رح يصير معهم with drowal
ف الآثار الجانبية بهائي الحاله بصير و عكس اعراض narcotic

TOXIDROMES

WITHDRAWAL



TOXIDROMES

WITHDRAWAL: (ALCOHOL, NARCOTICS, SEDATIVE
- HYPNOTICS, antiHTN DRUGS)

- DIARRHEA
- MYDRIASIS
- TACHYCARDIA
- HYPERTENSION
- CRAMPS
- LACRIMATION
- SEIZURES
- HALLUCINATIONS

ANTIDOTE:
benzodiazepines

زي المنشطات

يتشابه مع
بريزيد
الافرات
بكل مكان
ولكن narcotic
الفرق انو بالناركوتك
conctabation في

Table 7. Common Toxicodromes.

Cholinergic (organophosphates) (DUMBELS)	Hyperthermia (HOT as a hare, RED as a beet) Dry skin (DRY as a bone) Dilated pupils (BLIND as a bat) Delirium, hallucinations (MAD as a hatter) Tachycardia Urgency retention	Tachycardia Hypertension Hyperthermia Seizures	barbiturates, antihypertensives) Diarrhea Mydriasis Goose flesh Tachycardia Lacrimation Hypertension Yawning Cramps Hallucinations Seizures (with ETOH and benzodiazepine withdrawal)
Anticholinergic (antihistamines, TCAs)	Sympathomimetic (cocaine, amphetamines) Diaphoresis Mydriasis	Narcotic (heroin, methadone) Miosis Hypoventilation Coma Bradycardia Hypotension	
هاد بنشف		Withdrawal (from alcohol, opioids, benzodiazepines,	

وهاد بشهه sympathy
بكل اشي ولكن الي بميزه عن
الانتكوينيرجك انو عنده زياده
بالتعرق hyperthermia

SPECIFIC ANTIDOTES

عندی اذا في واحد ماخذ
انتكولینيرجك

ف بعطيه physostigmine

ولكن بخاف انو يصير معه
الحل بعطيه ل Avblock

bicarbonateNa

حتى اقلل cardiotoxicity
انا بعمل ل salicylate

Methenol

Ethelenglycol

Ion trapping

بحول urin قال قاعدي لاتخلص من
هدول الادوية

Table 8 Specific Antidotes and Their Indications*

Antidote	Indication	Comments
Bicarbonate, sodium	TCA; For urine alkalinization in salicylate overdose; for severe metabolic acidosis from ASA, ethylene glycol, or methanol.	Use for TCA cardiotoxicity, not neurotoxicity. Urinary alkalinization may benefit rhabdomyolysis as well. Difficulty alkalinizing urine may be due to hypokalemia. Watch for complications from hypernatremia, volume overload, and serum pH above 7.5
Dantrolene Muscle relaxant	Malignant hyperthermia	Give in patients who do not respond to neuromuscular paralysis, may aggravate respiratory depression. ⁴³
Diazoxide K+ channel activator/vasodilator	Sulfonylureas	Diazoxide inhibits insulin secretion. Use when serum glucose concentrations cannot be adequately maintained by IV 5% dextrose infusion
Digibind	Digoxin/ Digitalis/ Cardiac glycosides	Use for cases involving life-threatening arrhythmias or hyperkalemia (>5 meq/L)
Flumazenil	Benzodiazepines	Half-life = 40-80 min but duration of action 90 min. ⁴⁴ Do not administer in any patient at risk for seizures or withdrawal.
N-acetylcysteine	Acetaminophen	Most effective administered within 8-10 h of ingestion. Controversy as to best route (IV vs oral) and duration of therapy. 36 h likely adequate in uncomplicated cases. ⁴⁵

هي حالة خطيرة تؤدي للموت في حالات التخدير سبب حدوثها أصلًا طفره بالجين ف هاي بتطلع الكالسيوم من الخلايا ويصير atrophy عندي الحل امنع الكالسيوم يطلع من الخلايا

ما بفرق iv أو oral ومكان يجيب تأثير حتى بعد مرور 36 ساعه

اذا واحد متعود عليه وسحبته فجاه ممكن يعمل seizure

حاله في خلل بالكليه طول ما عندي سلفارج يزيد الانسولين ويعمل hypoglycemia بقل افراز الانسولين وكمان في اشي بزيد السكر بالدم وهو somatostatin

هاد مده تاثيره
أطول ولكن غالبي

تأثيره قليل
دقسقه بس 45

حكينا قبل انو
يرفع السكر بالدم

أي واحد بصير
seizure معه
عطيه
benzodiazepine
ولكن اذا كان
seizure سبب
Pyridoxine
الي هو vit6
هو نقص فيه
البيزو مارح
يجاوب

Nalmefene	Narcotics	Half-life=8-10 h, but duration of effect approximately 4 h. Disadvantage is cost (\$6.50/0.25 mg vs \$0.30/ 0.4 mg of naloxone)
Naloxone	Narcotics	Half-life=1 hour; duration of effect 45 min. Beware of exposing the dangerous effects of coingestion such as cocaine or PCP ⁴⁶
Octreotide	Sulfonylureas	A somatostatin analog suppresses insulin and C-peptide levels, permitting the plasma glucose to rise without additional dextrose support.
Somatostatin analogue / inhibit insulin		
Pyridoxine	Isoniazid	Give in gram-to-gram ratio or 5 g empiric dose; consider as empiric therapy in unknown seizure overdose not responding to benzodiazepines.
Thiosulfate/nitrites	Cyanide	Do not give nitrates in the setting of smoke inhalation since the resulting methemoglobinemia may exacerbate carbon monoxide poisoning. ⁴⁷⁻⁴⁹
Vitamin K	Coumarin and indandione derivatives	Must use Vitamin K1, not Vitamin K3. Even after IV dose, there is a 6-8 h delay before coagulation factors begin to achieve significant levels. Use fresh frozen plasma for immediate control of hemorrhage.

*TCA = tricyclic antidepressants.

يمنع الخلية تمسك
O2 ف بعطيهم
ولكن thio-nitr
بدي انتبه اذا
تعرض له وشمته