

# The BC Drug and Poison Information Centre presents: The New POISON MANAGEMENT MANUAL



The Poison Management Manual (PMM) is a publication of the BC Drug and Poison Information Centre (DPIC). The PMM is divided into three sections:

- 1) General Treatment Principles
- 2) Poison and Drug Treatment Monographs
- 3) Antidotes

The PMM is designed to serve as a reference for health care professionals treating poisoned patients. The PMM is a compilation of monographs on the toxicity, clinical effects and treatment of frequently encountered poison exposures and poison or drug overdoses commonly associated with a poor outcome. The format of each treatment monograph includes information on toxicity, pharmacokinetics, relevant case reports, clinical effects, and treatment guidelines. The antidote monographs feature a review of the efficacy of each drug, indications for use, information on the incidence and nature of reported side effects, and dosing and administration guidelines.

The pharmacy, nursing and medical staff at DPIC serve as editors, writers and reviewers. The PMM has been used in BC since 1981 and this newest version is the 5<sup>th</sup> edition. Through the electronic subscription, users will have access to quarterly updates which will ensure they have the most current treatment protocols.



Available as:

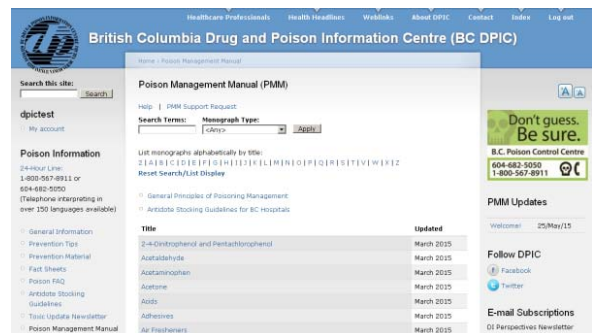
## PRINT VERSION

- Two volumes supplied as 3-ring binders, 828 pages
- Includes 1-year electronic subscription



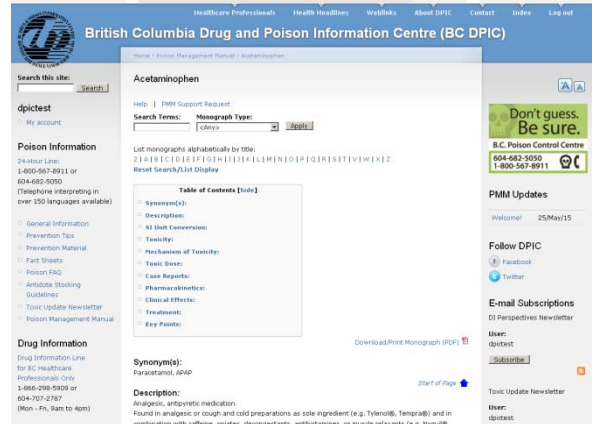
## ELECTRONIC SUBSCRIPTION

- Web-based, searchable, access to real-time PMM updates and the Toxic Update Newsletter
- Printable PDF monographs



- ACETAMINOPHEN - 4**
- Symptomatic and supportive care should be provided as indicated and may include antiemetics, glucose for hypoglycemia, potassium for hypokalemia, vitamin K and fresh frozen plasma for coagulopathy or bleeding.
  - In hepatic failure, consult GI and transplant teams. In adults, the following criteria are used to predict a less than 10% chance of survival without a liver transplant:
    - Arterial pH less than 7.3 on admission after initial fluid resuscitation, OR
    - A combination of severe, sustained coagulopathy (PT greater than 100 sec, INR greater than 6.5), and serum creatinine greater than 300 µmol/L in patients with advanced encephalopathy (greater than grade III).
  - Hemodialysis removes acetaminophen from plasma and may shorten half-life by 40-50%, should be considered early in patients following massive ingestion with coma and/or lactic acidosis. Hemodialysis or continuous renal replacement therapy (CRRT) may be required in patients with renal failure. N-acetylcysteine dose should be increased during hemodialysis or CRRT. **see N-ACETYLCYSTEINE antidote monograph-Dosing Adjustment.**
  - For treatment during pregnancy, **see N-ACETYLCYSTEINE antidote monograph.**

- Key Points**
- ✓ Acetaminophen poisoning is the most common cause of acute liver injury.
  - ✓ Patients who receive antidote treatment within the first 8-10 hours following an acute overdose generally recover without sequelae.
  - ✓ Most deaths occur in patients presenting late or after excessive doses for several days.
  - ✓ Do not rely on history of dose or substance ingested; draw serum acetaminophen level in all patients with history of overdose of any substance.
  - ✓ Activated charcoal may be beneficial later than 1-2 hours post ingestion in patients with massive ingestion or who have co-ingested opioids or anticholinergics.
  - ✓ N-acetylcysteine (NAC) antidote is most effective if given early but can still reduce mortality in patients who present late with evidence of impaired liver function and no measurable acetaminophen.
  - ✓ For information on NAC dosing and precautions, see N-ACETYLCYSTEINE antidote monograph.



**Toxic Update**  
BC Drug and Poison Information Centre (DPIC)

ECSTASY: TOXICITY AND APPROACH TO TREATMENT Vol 7, Issue 1, 2012

**24 Hr Poison Line:** 604-682-5050  
1-800-567-8911

Ecstasy is a common party or club drug taken for its stimulant, euphoric and empathogenic effects. In a survey of 16-25 year olds in Vancouver, up to 39% reported having used ecstasy. Each year there are between 15-23 ecstasy-related deaths in BC. Emergency departments in Vancouver Coastal Health treat on average one patient each week with an ecstasy overdose.

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