



Toxicology Analgesics

Case 1

A 25-year-old woman presents to the ED with abdominal pain. She has been taking 2 tablets of paracetamol every 4 hours for the last 48 hours for a chronic migraine. She now has upper abdominal pain and vomiting, but no fevers or diarrhea.

1. Describe your assessment of patients presenting with repeat supratherapeutic ingestion of paracetamol (with reference to this patient: previously well, no co-ingestant, weight 52 kg).
2. Describe the current Monash Health NAC infusion guidelines
3. The patient is treated with NAC. 20 minutes following the bolus dose she becomes flushed, dyspnoeic and hypotensive. Describe your management.

Case 2

A 17-year-old male presents to the ED after ingesting some of his mothers medications roughly 3 hours previously. His mother confirms she takes multivitamins and aspirin tablets only, and is unsure how many he ingested. He is awake but appears agitated. He is complaining of ringing in his ears.

Vital signs show HR 115, BP 150/100, T 37.5, RR 24, O2 sats 100%.

1. Describe your initial management
2. What initial investigations are mandated and how do you interpret them?

An arterial blood gas shows:

pH 7.44

pCO₂ 26

pO₂ 88

HCO₃ 21

BE -3

Na 140

K 4.2

Cl 100

Glucose 2.8

3. Describe the blood gas, and how does this change your management

Following your initial management the patient becomes progressively more agitated, dyspnoeic and hypoxic. A CXR demonstrates widespread infiltrate consistent with pulmonary edema.

4. Describe your management