

TOXICOLOGY

TOXICOLOGY EXAMINATION

The aim of this guide is to assist in the identification of unknown substances causing harm to patients

- Like the assessment of any unwell patient follow an **ABCDE** approach
- If the patient is **not protecting their airway use adjuncts as tolerated and discuss with an ED senior**
- Ask for a full set of observations if not already done

The smell the patient's breath or even body odour can give a clue to the toxin:

Bitter almonds	Cyanide
Mothballs	Camphor
Garlic	Arsenic/ Organophosphates
Peanuts	Rat poison
Carrots	Water Hemlock
Rotten eggs	Sulphur dioxide/ Hydrogen sulphide
Wintergreen	Methyl salicylates
Petrol	Hydrocarbons
Fruity	Isopropanolol
Pears	DKA/ Chloral hydrate

Hypoventilation:

Opiates
Benzodiazepines
Alcohol
Cannabis
Barbituates
GHB
Any other sedative

Hyperventilation:

Amphetamine
Methamphetamine
Cocaine
LSD
Aspirin
Phencyclidine (PCP)
Consequence of metabolic acidosis

Bradycardia:

Beta blockers
Calcium channel blockers
Digoxin
Opiates
Alcohol
Anticholinesterases e.g.
Rivastigmine
Clonidine

Tachycardia:

Cocaine
Amphetamine
Solvents
Anticholinergics e.g:
Atropine- found naturally in
Belladonna (Deadly Nightshade)
Tricyclic antidepressants
Antihistamines
Caffeine
Serotonergics

Hypotension:

Beta blockers
Calcium channel blockers
Clonidine
Opiates
Benzodiazepines

Hypertension:

Cocaine
Amphetamines
Thyroxine
Anticholinergics
Caffeine
Serotonergics
Tricyclic antidepressants

**Myosis:**

Opiates
Clonidine
Antipsychotics e.g. haloperidol
Ondansetron
Mirtazapine
Organophosphates

Hyperthermia:

Serotonergics
Tricyclic
Antidepressants
Amphetamines
Cocaine
Anticholinergics
(Hot & Dry)

Mydriasis:

Benzodiazepines
Alcohol
Anticholinergics
Serotonergics
Cocaine
Amphetamines
MDMA

**Skin:****Sweating**

Opiates
Benzodiazepines
Alcohol
Anticholinesterases
Serotonergics
Tricyclic antidepressants
Antipsychotics

Dry skin

Anticholinergics