

Drug poisoning: a reason for care in a hospital emergencies unit

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I. Larrodé¹, J.M. Real¹, C. Garcés², Y. Alonso¹, J. Povar², M.R. Abad-Sazatornil¹.

¹Miguel Servet Hospital, Pharmacy, Zaragoza, Spain. ²Miguel Servet Hospital, Emergency, Zaragoza, Spain. Paseo Isabel La Católica 1-3, 50009 Zaragoza, Spain

Background: Intoxication by drugs require often fast attention in the emergency department (ED), so the existence of an antidote kit to minimize their severity is essential.

Objective: To analyze intoxications by drugs treated in the emergency department as a step towards establishing an antidote kit.

Material and methods: All patients attended in ED of a reference hospital in Spain were included, from January to June 2010. Data collected were: sex, age, cause, measures, days of stay in ED, inpatient, department, time of inpatient, complications.

Results:

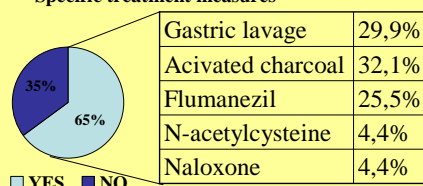
N= 137 patients , 79 women (57.7%),
Median (minimum-maximum) age was 37 (92-0) years.

Cause	N	%
Drug affecting the central nervous system	77	56,2%
Analgesic/anti-inflammatory drugs	19	13,9%
Cardiovascular system drugs	11	8%
System endocrine drugs	5	3,6%
Several drugs	28	20,4%
Unavailable	21	15,3%

Admitted	N	%
Psychiatry Department	8	26.9%
Critical Care Unit	5	19.2%
Cardiology Department	5	19.2%
Internal Medicine Department	5	19.2%
Pediatric Department	4	15.4%

2 (1.5%) patients requested voluntary discharge

Specific treatment measures



Other drugs used were norepinephrine, digoxin-specific antibody (Fab) fragments, potassium chelator, antiemetics, blood coagulation factors and anticholinergics.

Complications related to intoxication

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Acute kidney injury	3
Aspiration pneumonia	2
Rhabdomyolysis	2

The median stay in ED was 1 (0-2) day
The duration of hospitalization was 6 (17-0) days.

Conclusions: The analysis intoxications treated in ED will facilitate the correct definition of the antidote kit. It is important to increase the control of drugs affecting the central nervous system is important.