

Toxicology Quick Cases

Case 1

You are called to the home of a 28 y/o ♀ who presents A&O x 2, lethargic, C/O nausea and headache. Pt describes a 2-day Hx of headache and nausea. Pt's boyfriend states that when he arrived this morning "she was acting pretty dopey". S: RR = 22/min deep and unlabored, HR = 92/min S/R, BP = 124/80 mmHg, SpO₂ = 100% on RA. Pt also states "to make things worse, I woke up this morning and my parakeets had died overnight."

1. What type of poisoning/toxicity is the patient most likely suffering from?
2. Is there a scene safety issue? How would you protect yourself?
3. What is the route of the poisoning?
4. What is your treatment for this patient? List it out below.

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Case 2

A 44 y/o F presents CAO in mild distress c/o diarrhea and N/V x 3 days. VS: RR = 18/min deep unlabored, HR = 102/min S/R, BP = 98/50 mmHg, SpO₂ = 96% on RA. You note that the pt is very self-sufficient and that she grows her own fruits & vegetables, has her own well, and has cows & goats on her property. She also lives next door to a livestock feedlot & slaughterhouse. Identify the likely cause of the patient's complaint and list your treatment steps in order.

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Case 3

A 4 y/o M presents CA in NAD after ingestion of a “small amount” of antifreeze about 15 minutes prior to EMS arrival. PE is unremarkable, and VS are HR = 92/min S/R, RR = 20/min GTV, BP = 82/40 mmHg, SpO₂ = 98% RA. The mother states she called you “just to check him out, he’s going to be fine, right?”

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Case 4

A 22 y/o F presents supine on her couch unconscious with snoring respirations, responsive to deep pain only. Her roommate states that her only PMH is a recent back injury. RR = 4/min and shallow, HR = 52/min weak and regular, BP = 72/P, and SpO₂ = 62% on RA. PE reveals pinpoint pupils and peripheral cyanosis.

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Case 5

You and your partner are dispatched to the BART station at Montgomery & Powell for an unknown medical problem. Upon arrival, you find a 32 y/o M sitting on the sidewalk at the top of the station stairs, vomiting. You note that his pupils are pinpoint, his eyes are tearing and he is salivating excessively. He keeps saying that his throat burns, and that he is having trouble catching his breath. You note that he has a rapid, strong, and regular radial pulse and is breathing about 24/min with deep tidal volume. While you are evaluating the patient, someone runs up the stairs from the BART station and tells you that there is someone having a seizure down by the service booth.

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Case 6

A 43 y/o F presents CA&O though agitated and anxious in police custody. The arresting officer tells you “She’s complaining of chest pain, but she’s just trying to get out of going to jail. We got her for cocaine possession”. Your physical exam reveals warm and moist skin and dilated pupils bilaterally. HR = 102/min strong & regular, BP = 142/100 mmHg, RR = 20/min GTV, SpO₂ = 95% RA. She says “I’m having some pain in my chest.”

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Case 7

68 y/o F presents A&O x2, supine in bed at a SNF without complaint. Staff reports that pt arrived at facility 4 days ago after 3-day stay at local hospital for surgical repair of R hip fracture. Staff describes a 4-day history of weakness, fever, nausea, and loss of appetite. Today pt is noticeably more confused with memory loss and tremors. PE reveals dilated pupils and diaphoresis. RR = 14/min GTV unlabored, HR = 102/min strong & irregular, BP = 156/110 mmHg, SpO₂ = 96% RA, skin cool, slightly pale & diaphoretic. Identify the likely cause of the patient's condition and list your treatment steps in order.

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3. What is the route of the poisoning?
4. What is your treatment for this patient? List it out below.