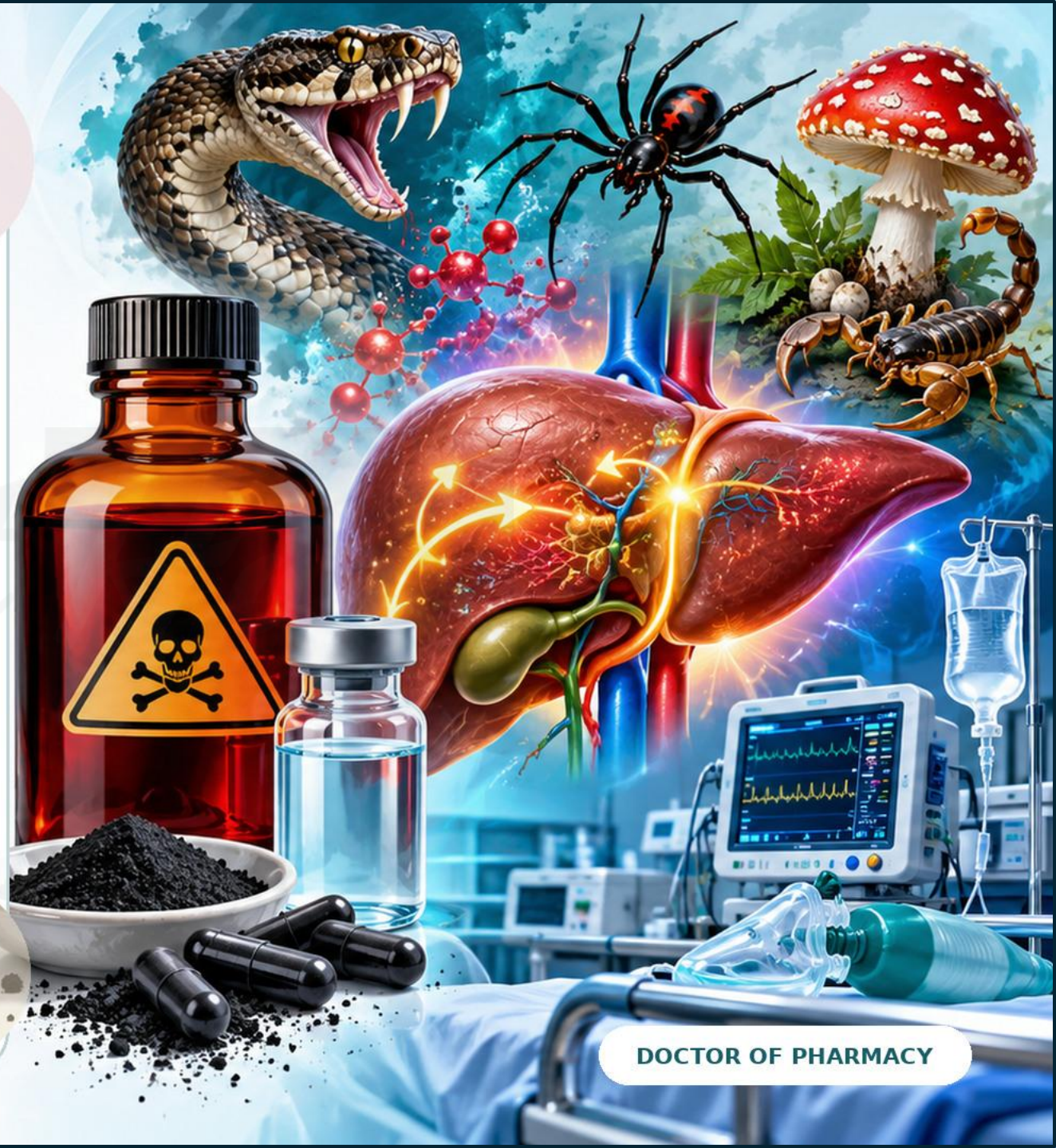
PHARM.D • YEAR 4

Clinical Toxicology

CHAPTER 3

Supportive Care in Clinical Toxicology



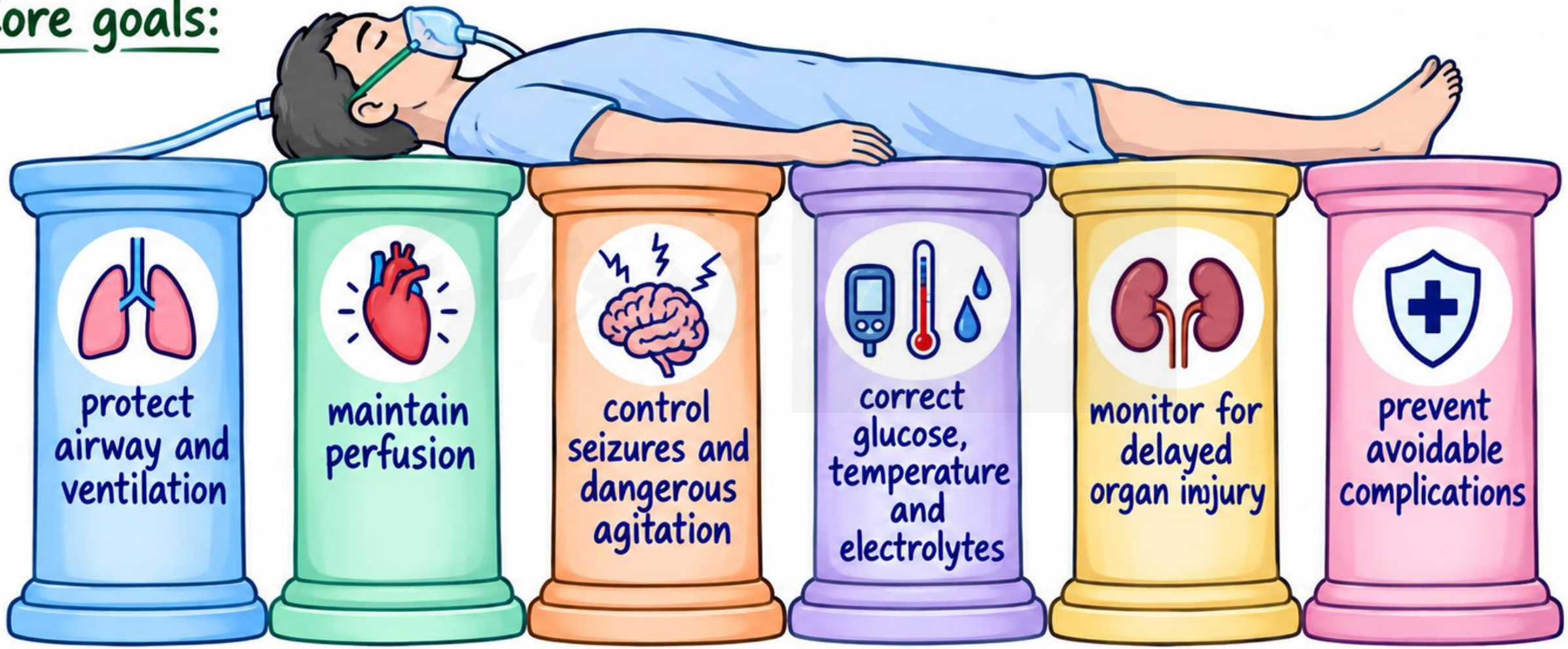
PPT CHAPTER COVER

DOCTOR OF PHARMACY

Supportive care: the toxicology cornerstone

Supportive care maintains vital functions while the body eliminates the toxin and specific treatment takes effect.

Core goals:



The patient's physiology—not a positive screen alone—drives urgent care.

Airway and ventilation support

AIRWAY RISK

Reduced consciousness, vomiting, secretions, caustic injury or progressive paralysis.

BREATHING CHECK

Rate, effort, oxygenation, ventilation and blood gas when needed.

SUPPORT

Position, suction and oxygen first; use bag-mask ventilation or intubation when clinically required.



SPECIAL POINTS

- Naloxone targets opioid respiratory depression.

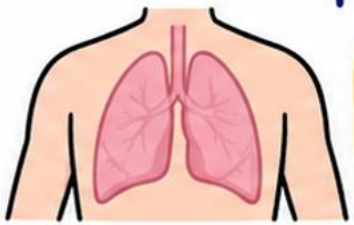


- Salicylate intubation is high risk; preserve adequate minute ventilation.



Salicylate intubation is high risk; preserve adequate minute ventilation.

- Neuromuscular weakness may worsen despite a quiet chest.



Neuromuscular weakness may worsen despite a quiet chest.

Circulation and rhythm

1



Obtain ECG and repeat it when toxicity can evolve.

2



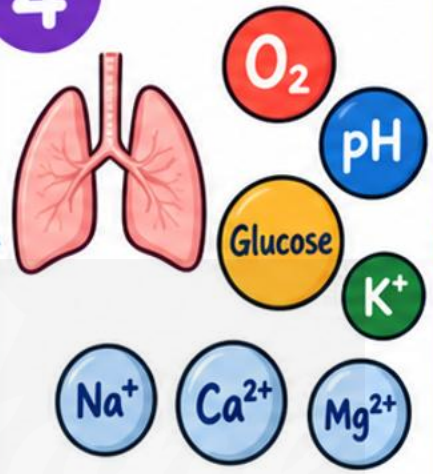
Treat hypotension after considering volume loss, vasodilation, myocardial depression and dysrhythmia.

3



Use fluids thoughtfully; choose vasopressors and toxin-specific rescue by physiology.

4



Correct hypoxia, acidemia, glucose and major electrolyte abnormalities.

5



Cardiotoxic overdoses may need bicarbonate, calcium, high-dose insulin, digoxin immune Fab or extracorporeal support.

Continuous reassessment is essential.

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