



MEDIC 94 EDUCATION NEWSLETTER



December 2009

Clinical Thoughts

- ✓ A diphenhydramine ingestion resulting in toxicity can mimic the cardiotoxicity of a tricyclic overdose. *What is your treatment?*
- ✓ Agitated delirium, also known as excited delirium, is a common presentation in patients dying from cocaine toxicity. Of cocaine-associated deaths investigated by the Medical Examiner's Department of Metropolitan Dade County, Florida, between 1979 and 1990, excited delirium was the terminal event in approximately 1 of every 6 fatalities. Patients with excited delirium had an immediate onset of bizarre and violent behavior, which included aggression, combativeness, hyperactivity, hyperthermia, extreme paranoia, unexpected strength, and/or incoherent shouting. All of these were followed by cardiorespiratory arrest. Author: Lynn Barkley Burnett, EMD, MS, LLB(c) *What is your treatment?*

Critical Care Review

Minute Volume = Respiratory Rate x Tidal Volume

Tidal Volume = 8-10 ml/kg of ideal body weight



Pediatric Points

You encounter a small child with torticollis and trismus after Mom reports taking the child to the family doctor today. He was prescribed and given compazine 4 hours ago for irritable vomiting. *What is your treatment?*

Really???

Maple syrup urine disease is an inherited disorder in which the body is unable to process certain amino acids properly. The condition gets its name from the distinctive sweet odor of affected infants' urine. Beginning in early infancy, this condition is characterized by poor feeding, vomiting, lethargy, and developmental delay. If untreated, maple syrup urine disease can lead to seizures, coma, and death.

POLICY REVIEW

COMPLETING BLS CREWS

- A. SCCEMS Staff may be requested to complete the crew for BLS services without an attendant. This activity is permitted if the following conditions are present:
1. ALS unit is on scene and has made patient contact.
 2. Determination is made that the patient will require ALS intervention.
 3. ALS provider will not require additional ALS or BLS providers to appropriately manage the patient.
 4. The request must be initiated by the BLS service and over the 800 Mhz radio.



Answers:

Diphenhydramine Toxicity Treatment: Sinus Tachycardia usually does not require treatment. Sedation with benzodiazepines may be helpful when agitation is present. IV Sodium Bicarbonate improves widening of QRS that may result from antihistamines with sodium channel blocking properties. Author L Keith French MD

Extrapyramidal Symptoms Treatment: *Benadryl*/IM or IV 1-2mg/kg

Cocaine Toxicity Treatment: *Benzodiazepines*. Neuroleptic medications such as haloperidol are contraindicated due to adverse effects on temperature regulation, lowered seizure threshold and potential for dysrhythmias. *Aggressive cooling measures.*