

## Cardiovascular Meds Intoxication

Doctor assiry said study from the summury slids and there will be no qustions about caluccting the doeses

Activated charcoal is most effective when administered within one hour of ingestion.

-Beta bloklers

hemodialysis is not effective for most beta-blockers.( Propranolol, metoprolol, and timolol are not removed by haemodialysis.)

Plasma levels of these agents are not clinically useful and are not routinely available.

Propranolol is number one cause of death in beta-blockers

Chorcral is not effective (the doctore said it's not that good antidote)

We should treat it by giving atropin and glucogin (Glucagon is said to have antidotal action.) and catacholmin

We should give sadium bicarbinate if there is a widning QRS complex

We should "never" give anti-arrathmic drugs to patints with beta-bloklers toxicity

-calcuim blockers

Some times you can not deffrentiate btween it and the beta-bloklers but it has the same mangment so we got that going for us

It increases lactic acid

-nitrat

Methaemoglobinaemia is induced in overdose which can be life-threatening. Once nitrates have been converted to nitrites, cyanosis and dyspnoea may develop due to methaemoglobin formation. Suspect methaemoglobinaemia in all cyanotic patients, who do not improve with supplemental oxygen. The blood look like choclite (oximetry is not reliable)

Nausea and vomiting are the first signs to be noted following ingestion.

Methylene blue is the antidote of choice in severe poisoning (methaemoglobin level more than 30%).

But first we begin by giving i.v fluid

-digitals (the antidote is Digibind)

Brady arathmia

Slow atrial fibrliatiin and bidirectional <-very charastric

The serum level will help

If the patient is unstable we give Digibind

Cardiac arrest=20 vials, arrhythmia= 10 vials child=4 vials