CASE PRESENTATION
ORGANOPHOSPHATE POISONING

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- RJ, 22/M, presented following ingestion of pesticide after a misunderstanding with his mother.
- Presented 4 hrs later with excessive salivation, profuse sweating, lacrimation and vomiting. No diarrhoea. No urination.
- Reduced level consciousness with restlessness and confusion. No convulsions.
- FSHx- Occasional alcoholic, non smoker, Student, not married.

- General exam-Sicklooking, afebrile, body smells of pesticide.

Primary Survey

AIRWAY	**Excessive oral secretions. Patient able to mumble some words.**	**Secretions cleared.**
BREATHING	Dyspnoeic, Tachypneic RR-28cyc/min Vesicular breath sounds with diffuse transmitted sounds in all lung fields SPO2-70% on room air.	Oxygen therapy via NP (SPO2-88%) Oxygen therapy via non rebreather mask(SPO2-98%) Transfer to ICU.

CIRCULATION	**Not pale, no external hemorrhage, mild dehydration.** **Warm peripheries** **PR-96bpm, BP-118/82mmHg,** **S1+S2 heard with no added sounds.**	**Pass urinary catheter to monitor urine output.** **IV Fluids NS 1L stat.**
DISABILITY	Restless and confused GCS-13/15(E-4, M-5, V-4) Had pinpoint pupils Normal muscle tone and reflexes No abnormal movements.	IV Atropine 2mg stat Reassess and double IV Atropine dose until atropinisation is achieved. Gastric lavage done. Patient received 32mg of atropine at Emergency prior to transfer to ICU 1 hour later.

EXPOSURE	**Clothes drenched in sweat and oral secretions.** **No visible external injuries.** **P/A-Unremarkable**	**Remove clothes and ensure to maintain normothermia.**
INVESTIGATIONS	CBC-WBC-5.29x10^9, HB-20.9g/dl, PLT-259x10^9 Na-146.8, Potassium-6.15(^) Chlorine-122.8	

SAMPLE(collateral)

S	Signs and symptoms.	Vomiting, hypersalivation, excessive sweating, excessive tearing, restlessness, confusion
A	Allergies	None reported.
M	Medications	Not on any medications.
P	Past medical history.	No chronic illnesses reported.
L	Last meal	Unkown
E	Events	Drank poison reportedly used to hunt bats following misunderstanding with his mother. Quantity consumed not known. Bottle containing poison not availed.

Impression: Intentional self harm with organophosphate poison.

Plan: Transfer to ICU for close monitoring and continue above management plan.

Problem list

- Reduced consciousness.
- Ongoing cholinergic toxidrome
- Respiratory depression.
- r/o carbamate toxicity

Follow up on ward

Duration	PRESENTATION	INTERVENTION
2 hours following admission.	Patients condition detoriated. Unconscious, has excessive oral secretions and lacrimation with worsening dyspnoea. O/E-Sicklooking, afebrile, dehydrated, BP-100/65 mmHg, PR-104bpm R/S-Equal air entry bilaterally with diffuse transmitted sounds, SPO2-88-90% NRM CNS- Unconscious, GCS-10/15, pupils pinpoint and fixed GCS-10/15	Intubate patient. Continue IV atropine boluses until atropinisation achieved.

Duration	PRESENTATION	INTERVENTION
6 hours following admission	Patient received an initial 16mg atropine bolus and then placed on atropine infusion 32mg to run over 6hrs. Intubation was done and 200mls of mildly blood stained secretions suctioned. SPO2-85% on mechanical ventilation. Patient's BPs and HR kept detoriorating. 5 mg adrenaline given without improvement. Patient passed on 10hrs after admission. Noted **investigations**: Na-146.8, Potassium-6.15(^), Chlorine-122.8 CBC-WBC-5.29x10^9, HB-20.9g/dl, PLT-259x10^9	Continue supportive management

Challenges

- No clarity on toxin ingested.(Bottle not availed)
- Shortage of atropine
- Lack of pralidoxime
- Delay in lab results

THANK YOU