**Acute poisoning**

- Malaise, flu-like symptoms and fatigue
- Dyspnoea on exertion
- Chest pain and palpitations
- Lethargy
- Confusion
- Depression
- Impulsiveness
- Distractions
- Hallucinations
- Agitation
- Nausea, vomiting & diarrhoea
- Abdominal pain
- Headache and dizziness
- Dizziness, weakness and confusion
- Visual disturbance, syncope and seizure
- Incontinence
- Memory disturbance
- Bizarre neurological symptoms, coma

**Chronic exposures**: similar symptoms to above but also loss of dentitions, gradual onset of neuropsychiatric symptoms and cognitive impairment

- Long-term exposures or severe acute exposures frequently result in long-term sequelae
- Some individuals develop delayed neuropsychological symptoms
- 2/3rds recover completely from these

**Investigation**

- Urinalysis (+ve for albumin and glucose in chronic intoxication)
- Troponin (because myocardial ischaemia is frequently associated with exposure)
- FBE - look for mild leukocytosis
- Coags
- Lactate (may have lactic acidosis from tissue hypoxia)
- Hyperglycaemia and hypokalaemia occur with severe intoxication
- CR (acute renal failure may occur secondary to myoglobinuria)
- LFTs may be deranged
- MetHb (in differential for cyanosis with low oxygen saturation but normal PaO2)
- Ethanol (confounding factor in many intentional and unintentional poisonings)
- Cyanide level (if cyanide toxicity is also suspected - eg industrial fire; cyanide exposure is suggested by unexplained metabolic acidosis)

**Carbon monoxide poisoning**

- Institute immediate oxygen therapy with 100% oxygen via non-rebreather mask
- Institute cardiac monitoring and monitor pulse ox
- Intubate comatose patients
- Consider immediate transfer of patients with cardiovascular or neurological impairment to a hyperbaric facility; persistent symptoms after 4 hours of normobaric oxygen necessitate transfer to a hyperbaric center
- Do not aggressively treat acidosis with a pH >7.15 because acidosis shifts Hb dissociation curve right increasing tissue oxygen availability (acidosis generally improves with oxygen therapy)
- Be aware that nitrates used in cyanide poisoning kits cause methHb and shift Hb dissociation curve further left. Combined CO and cyanide intoxications may be treated with sodium thiosulphate 12.5g iv to prevent leftward shift
- Admitted patients will require monitoring
- Some patients require hyperbaric oxygen

**Disposition**

- Admitted patients will require monitoring
- All pregnant women and neonates need to be discussed with hyperbaric center