Guideline for Management of Acute Salicylate Poisoning

**PRESENTATION**

Notes: some salicylate preparations contain other agents such as paracetamol, caffeine and barbiturates. This flowchart deals only with the management of the salicylate component; the other agents need separate consideration.

**Dose taken?**

- **Unknown dose/time**
  - \( < 125 \text{ mg/kg and asymptomatic} \)

**Hemodialysis is indicated**

- \( > 500 \text{ mg/kg (Case can be fatal)} \)

**When taken?**

- Hemodialysis
- Urinary alkalinization
  - Cautious with volume if anuric

**Clinical features**

- Patient asymptomatic

**Salicylate level**

- Adults: \( < 30 \text{ mg/dL} \)
- Children/Elderly: \( < 20 \text{ mg/dL} \)

**Gastric lavage**

- For life threatening substance, large amount

**Rehydrate the patient and take blood for salicylate (TPM) level**, renal profile, liver function test, full blood count, INR, ABG should be checked in symptomatic cases

**Blood sampling times**

- At least 4 hours after ingestion for tablet (not enteric coated) or capsule
- Liquid, topical (methyl salicylate) as soon as possible

**Check hospital for lab facilities**

**Disclaimer**

For further treatment advice, consult National Poison Centre

*During office hours: 04 6570099
  After office hour/public holiday: 012 430 9499*