

Aspirin Overdose (Critical Diagnosis)

6/11/2017

Salicylate toxicity is a mimicker, these patients are symptomatic

Approach

- 1) When to suspect, aka: what are symptoms
 - **Brain stimulation -> tachypnea, ↑ temp, AMS**
 - **Gut irritation -> N/V Abd pain**
- 2) Abnormal tests
 - Anion gap metabolic acidosis from salicylic acid AND lactate
 - Blood gas -> mixed respiratory alkalosis and metabolic acidosis
- 3) Confirm dx w/ serum salicylate level
- 4) Treatment
 - **Mild: alkalinize urine with sodium bicarbonate drip**
 - **Severe: dialysis**

Quick Facts

- If you have a patient with tachypnea and abd pain -> at least consider this dx!
- Mimicker for: *sepsis, acute abdomen*, other
- Normal anion gap (AG) = 10, $AG = Na - (Cl + HCO_3)$ [some docs will include potassium as well]
- Salicylate inhibits and uncouples oxidative phosphorylation
- Very high doses of salicylate can actually depress respiratory centers!