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+HCO3) [some docs will include potassium as well]
- Salicylate inhibits and uncouples oxidative phosphorylation
- Very high doses of salicylate can actually depress respiratory centers!