

## Tylenol Overdose (Critical Diagnosis)

6/4/2017

Take-home:

**The antidote is N-Acetylcysteine (NAC)**

**Have a low threshold for testing!**

Approach:

- 1) Check a **serum acetaminophen level**, have low threshold, SI, severe DPSN, ANY CONCERN. This test is cheap and it saves lives!
- 2) Consult the **Rumack-Matthew nomogram** if you know time of ingestion
  - If above line of toxicity, give NAC
- 3) Get **hepatic labs** (LFTs) *AST, ALT, INR/Coag*
- 4) **Identify phase** of toxicity
  - P1 = Day 1 = high levels, normal LFT minimal symptoms
  - P2 = Day 2 = decreasing levels, slightly increasing LFT more symptoms (maybe abd pain)
  - P3 = Day 3 = low levels, high LFT = bad damage happening!
  - P4 = recovery
- 5) Determine if you **should give NAC**
  - According to ingestion time + serum level + Rumack-Matthew nomogram = GIVE
  - If in phase 1, 2, or 3 = GIVE

Quick Facts

- Tylenol is cheap, accessible, and the most important OD in tox!
- Nearly every mental health case gets a quick serum Tylenol level
- NAC can be IV (expensive, reactions) or PO (tastes bad)