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)