

Salicylate Overdose

Check salicylate level and check urine toxicology for co-ingestions. Try to determine whether salicylate was regular or enteric-coated (Affects pharmacokinetics).

1. Call poison control
2. NGT, lavage with 2L NS
3. Intubate for respiratory depression if indicated
4. Activated charcoal, if indicated. 1g/kg po/per NGT q2-4h
5. Alkalinize plasma/urine with a bolus of 1 to 2 Amps of sodium bicarb, then start 2 Amps of sodium bicarb per 1 L of D5 ¼ NS. Run this at approximately 4 mL/kg/hr. Do not use acetazolamide. Caution in elderly and renal failure as aspirin can cause pulmonary edema
6. Replete potassium to maintain normal serum levels otherwise alkalinization will be difficult to achieve
7. Be sure to treat concurrent hypoglycemia and coagulopathy if present
8. External cooling if febrile (no acetaminophen)
9. Hemodialysis indicated if level > 100mg/dL - level checked 6 hours after ingestion, refractory acidosis, persistent CNS symptoms, and/or if renal failure.

References:

1. Hospitalist Handbook, iPhone App

2. [UpToDate -- Salicylate Toxicity](#)

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