

Case Conference 166526x-x

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Int羅仕光/VS楊毓鈺

DISCUSSION

Toxidromes

1. Stimulant Toxidrome

- Restlessness
- Excessive speech and
- Excessive motor activity
- Tremor
- Insomnia
- Tachycardia
- Hallucinations

2. Sedative Hypnotic

- Sedation
- Confusion
- Delirium
- Hallucinations
- Coma
- Paresthesias
- Dysesthesias
- Diplopia
- Blurred vision
- Slurred speech
- Ataxia
- Nystagmus

3. Opiate

- Altered mental status
- Miosis
- Unresponsiveness
- Shallow respirations
- Slow respiratory rate
- Bradycardia
- Decreased bowel sounds
- Hypothermia

4. Anticholinergic

- Fever
- Ileus
- Flushing
- Tachycardia
- Urinary retention
- Dry skin
- Blurred vision
- Mydriasis
- Decreased bowel sounds
- Myoclonus
- Choreoathetosis

5. Cholinergic

Salivation

- Lacrimation
- Urination
- Defecation
- GI distress (diarrhea)
- Emesis
- Bronchorrhea, Bradycardia

coma

Alcohols

Anticholinergics

Arsenic

Beta Blockers

Cholinergic Agents

Carbon Monoxide

Cyclic Antidepressants

Lead

Lithium

Opioids

PCP

Phenothiazines

Salicylates

Sedative Hypnotics

2. Pupils

Miosis	Mydriasis	Decreased	Increased
Cholinergics	Anticholinergics	Alcohols	CO, CN
Clonidine	Glutethimide	Barbiturates	Drug induced metabolic acidosis
Nicotine	Meperidine	Benzodiazepine	Drug induced hepatic failure
Phenothiazines	Sympathomimetics	Opioids	Drug induced methemoglobinemia
PCP	Withdrawal		Salicylates

3. Respiratory Effort

4. Heart Rate

Tachycardia	Bradycardia
Anticholinergics	Alpha blockers
Antihistamines	Beta blockers
Cyclic Antidepressants	Calcium channel blockers
PCP	Cardiac glycosides
Sympathomimetics (cocaine, amphetamine, Clonidine, theophylline)	Cholinergics
Withdrawal States	Cyanide
	Nicotine
	Parasympathomimetics

5. Blood Pressure

Hypertension similar to tachycardia	Hypotension
	CO, CN
	Cyclic Antidepressants
	Iron
	Opioids
	Nitrites
	Phenothiazines
	Sedative-Hypnotics
	Theophylline

6. Temperature



Hyperthermia

Anticholinergics
MAOIs
Metals
PCP
Phenothiazines
Salicylates
Sympathomimetics
Withdrawal



Hypothermia

Beta Blockers
CO
Cholinergics
Ethanol
Hypoglycemics
Sedative-Hypnotics

toxidrome	BP	HR	RR	Temp	Pupils	bowel sounds	diaphoresis
anticholinergic	~	up	~	up	up	down	down
cholinergic	~	~	unchanged	unchanged	unchanged	up	up
opioid	down	down	down	down	down	down	down
sympathomimetic	up	up	up	up	up	up	up
sedative-hypnotic	down	down	down	down	~	down	down

THANKS FOR YOUR ATTENTION

- 一個18歲的高職生，第一次來泌尿科門診時即有下腹嚴重疼痛，小便疼痛、頻尿、血尿及尿不出來，驗尿報告有發炎指數升高，依長期的臨床經驗告訴我們：一個健康的年輕女性出血性膀胱炎不難治療，只要給藥治療後約定時間回診，但小玉的治療效果卻極差，症狀沒有改善外，而且下腹痛與頻尿的更厲害，一天上廁所次數高達四、五十次，甚至須包上尿布，不禁令人困惑，到底是什麼病菌引起這麼難治療的膀胱炎呢？