

*This information is current as of the date faxed and for the patient specified ONLY. Do not use this information for other patients without contacting the Poison Center at 1-800-222-1222.*

## **Accidental Inorganic Arsenic Exposures: Recommendations for HCFs:**

1. If not already decontaminated, remove clothes and isolate the clothes in a sealed bag, and have the patient washed or showered off.
2. Assess patient for gastrointestinal symptoms, pulse oximetry, ECG (ask for QT interval) and neurologic symptoms. If the patient remains asymptomatic and they have a normal QT interval after 6 hours, they may be discharged. If vomiting or diarrhea has occurred, advise admission for both a 24-hour urine collection and a spot urine sample sent STAT to ARUP labs, and a serum arsenic sample. Those with more than one episode of vomiting would be considered for DMSA chelation while awaiting these results, based on severity of symptoms and likelihood of exposure. Discuss all case with MBU attending.
3. **Urine Arsenic Samples:** These should be sent and specified to be speciated:
  - a. Obtain a spot urine in an acid-washed, metal-free container to be sent for urine arsenic level, via the treating facility's hospital lab, to ARUP Laboratories in Salt Lake City, (1-800-522-2787), for arsenic level.
  - b. Also have the patient collect their urine for 24 hours in a sterile, lab-supplied, acid-washed, metal-free jug for urine arsenic determination.
4. Obtain a **whole blood arsenic** level if exposure was acute (i.e, it happened same day as presentation to hospital), also to be sent to ARUP.
5. **Chelation with DMSA (Succimer)** while awaiting lab results should be considered in all symptomatic cases of acute arsenic exposure with GI symptoms.  
**Succimer:** 10 mg/kg PO TID for 5 days pending return of initial labs.
6. If there was a large exposure, a self-harm attempt or persistent vomiting, the patient should be treated in an ICU setting with continuous cardiac monitoring.
7. **Thresholds to continue to treat beyond the initial 5-day chelation period:**
  - a. Acute exposure whole blood levels greater than 5 mcg/L.
  - b. Spot urine > 200 mcg/L or > 100 mcg As/gram creatinine.
  - c. 24-hour urine collection greater than 200 mcg/L.  
(NOTE: Sometimes different units for blood and urine are reported—please confirm directly with lab the results and the units for all cases.)
8. **Chelation Protocol:**
  - a. **Succimer:** 10 mg/kg PO TID for 5 days, then 10 mg/kg PO BID for 14 days (total initial treatment course is 19 days).
  - b. After completing this course, the patient may have multi-vitamin supplements with calcium, and we recommend they have a repeat 24-hour urine determination done 2 to 5 days after the chelation is completed.
  - c. Please insure that the patient is not receiving alternative medicine chelation with DMPS or EDTA infusions when having this collection done, and is on a **seafood free diet**.