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Suicidal Ingestion of Inorganic Salts of Arsenic

1. Expect nausea and vomiting. After the patient's stomach is empty, an antiemetic (i.e., Ondansetron) should be given.
2. Initial oral decontamination with gastric lavage; consider intubation if altered mental status or seizures have occurred or for anyone who cannot protect their own airway or who is vomiting.
3. **Laboratory determinations:**
 - a. Obtain a spot urine in an acid-washed, metal-free container, to be sent STAT for urine arsenic level, via the treating facility's own hospital lab, to ARUP Laboratories in Salt Lake City, (1-800-522-2787), for arsenic level.
 - b. Also collect urine by Foley for 24 hours in a sterile lab-supplied, acid-washed metal-free jug for urine arsenic determination.
 - c. Obtain a whole blood arsenic level to be sent to ARUP.
4. Abdominal x-rays should be done to determine the presence of radio-opaque arsenic or assess for GI tract perforation and the presence of free air.
5. Continuous monitoring of EKG for QT interval & dysrhythmias, BP monitoring for hypotension, & urine output in an ICU setting.
6. **Chelation Protocol:**
 - a. **BAL:** It is best to start this promptly (ideally within 4 hours) in any symptomatic patient.
 - i. It must be given by deep IM injection.
 - ii. *Contraindications:* Peanut allergy.
 - iii. Dose: 5 mg/kg IM Q 4 hours for 48 hours, then 3 mg/kg IM Q 6 hours for the next 48 hours, then 3 mg/kg IM every 12 hours for an additional 7 days, or guided by blood and urine levels.
 - iv. IV hydration and alkalization may help prevent renal injury.
 - v. Electrolytes and Renal function daily.
 - b. **Succimer:** 10 mg/kg PO TID for 5 days, then 10 mg/kg PO BID for 14 days.
 - i. This may need to be delayed until the patient is able to take oral meds, and may be substituted after 4 days for the maintenance dosing of BAL above.
 - ii. Rare patients may have GI bleeding, for which they need to be treated first, and stabilized before oral chelation can be begun.
7. **Hemodialysis:**
 - a. Early hemodialysis in massive acute ingestions may reduce the total body burden of inorganic arsenic. Otherwise, renal injury is a common complication of inorganic arsenic toxicity, and when renal dysfunction is recognized by either rising creatinine or falling urine output, a nephrology consult should be recommended for dialysis.