### Risk Assessment

_Amanita phalloides – typically found under oaks trees._

- White gills, volvus
- One mushroom may result in toxicity and be FATAL.
- Typically, Victoria, ACT

Beware mixed mushroom ingestions.

### Clinical Presentation

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Clinical Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 hrs: Asymptomatic</td>
<td>Nausea, vomiting, diarrhoea, abdominal pain. Mild elevation LFTs and renal dysfunction</td>
</tr>
<tr>
<td>5-24 hrs: Gastrointestinal symptoms:</td>
<td>Nausea, vomiting, diarrhoea, abdominal pain. Mild elevation LFTs and renal dysfunction</td>
</tr>
<tr>
<td>1 to 7 days: Multiorgan failure, fulminant hepatic failure</td>
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</tr>
</tbody>
</table>

### Investigations (guide prognosis and Rx)

- Liver transaminases: May take 24hrs to rise.
- Renal function
- Lactate
- INR

Retain samples of mushroom if available

Photographs may help with identification (via PIC)

### Management:

- Discuss with clinical toxicologist / poisons centre
- Mushroom ID may be possible. Management requires expert advice

**Supportive care:** IV fluid resuscitation to correct and maintain euvoolemia (losses may be significant)

**Decontamination:** 50g activated charcoal single dose and 25g every 4 hours if no contraindications.

- Discuss with clinical toxicologist regarding duration.

### Specific Antidotes:

- **Acetylcysteine:** Same infusion protocol as for paracetamol toxicity. See separate guideline.
- **Silibinin:** See separate guideline for silibinin.

**IF NO SILIBININ AVAILABLE** then please discuss with clinical toxicology. Other antidotes that may have a role include:

- **Benzylpenicillin:** 600mg/kg/day in divided doses for 1st day
  300mg/kg/day in divided doses for next 2 days.
- **Rifampicin:** Initially single dose 300mg orally

**Liver Transplant:** Discussion with liver transplant unit if signs of fulminant hepatic failure.

### Disposition:

- If asymptomatic and normal liver / renal function 24-hours post exposure then can be discharged
- If symptomatic, but LFTs / renal function normal at 48-hours post exposure, then this excludes Amanita-related mushroom poisoning

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**AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE**

**POISONS INFORMATION CENTRE: 13 11 26**

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