

Supportive care for hypotension is the mainstay of treatment with ACEI poisoning

Toxicity / Risk Assessment

Sole ingestion: clinical toxicity is usually mild

Hypotension occurs within 2 hours of exposure

Co-ingestion with a calcium channel antagonist (CCA) can produce profound shock

↑Potassium may be observed

Patients with renal failure, congestive heart failure, ↓Na, dehydration, are at ↑ risk of toxicity

Management

Decontamination

Oral activated charcoal can be given within an hour of ingestion

Hypotension

Hypotension usually responds to 10-20 mL/kg of intravenous crystalloid

Hypotension resistant to Rx with IV fluid may require Rx with a vasopressor (noradrenaline initially)

Co-ingestion of a CCA producing profound hypotension:

- An echocardiogram will help characterise the degree of vasoplegia vs. negative inotropy
- Other vasoconstrictors (vasopressin, methylene blue) or positive inotropes (HIET, adrenaline) may be beneficial (discuss with clinical toxicologist)

Disposition:

- Patients who are clinically well with normal vital signs at 4 hours are medically fit for discharge
- Patients with hypotension are admitted for supportive care until symptoms resolve