

Rodenticides of similar brand may contain different agent and concentration. Toxicity is associated with prolonged anticoagulation up to weeks.

<p>Toxicity</p> <p><i>Single accidental ingestion is usually benign</i></p> <p><i>Ingestion >15 mg/kg can be fatal</i></p> <p><i>Ingestion >0.1 mg/kg will cause anticoagulation</i> (0.005% = 5mg brodifacoum in 100g of bait)</p> <p>Clinical features:</p> <ul style="list-style-type: none">- usually asymptomatic- bleeding and/or elevated INR (onset be delayed up to 24-48 hours post ingestion and INR can be prolonged for weeks to months)	<p>Management</p> <p>Decontamination: 50 g activated charcoal orally within 1 hour of deliberate poisoning</p> <p><u>Life-threatening haemorrhage / active uncontrolled haemorrhage / haemodynamic instability</u></p> <ul style="list-style-type: none">- Resuscitate, Vitamin K 10 – 20 mg IV, Prothrombinex-HT 50 IU/kg IV and FFP 150-300mL IV <p><u>Management of patients without active bleeding (the majority)</u></p> <ul style="list-style-type: none">- Patients with ingestion > 0.1 mg/kg require INR on presentation. If normal repeat at 48 hours post ingestion.- Do NOT administer prophylactic Vitamin K (as it may mask toxicity)- Vitamin K is only indicated if INR >1.4 <p>If INR > 1.4:</p> <ul style="list-style-type: none">- Administer 10 mg Vitamin K- 6 hourly INR and titrate Vitamin K 10-20 mg orally according to INR, until a stable Vitamin K dose is established.- Stabilization may require > 48 hours and up to 100 - 300 mg Vitamin K per day- Once INR stabilized, total daily Vitamin K dose is usually given BD or TDS and maybe required for months- Discuss with clinical toxicologist if patient is already administered therapeutic warfarin <p>Disposition:</p> <ul style="list-style-type: none">- Minor accidental ingestion does not require admission- If patient is asymptomatic + INR < 1.4 at 48 hours post ingestion, then no further medical treatment required- Patient with poor compliance to Vitamin K or INR monitoring will require inpatient management
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