**Digoxin: Acute Poisoning**

Digoxin immune Fab is not always required in the management of acute digoxin poisoning.

## Toxicity / Risk Assessment

*Ingestion of >10 mg → serious toxicity*

*Children who ingested > 30 mcg/kg → toxicity*

_This guideline is for acute digoxin toxicity only._

*Ingestion of natural cardiac glycosides such as oleander, foxglove, lily of the valley or cane toad can cause serious toxicity. (discuss with clinical toxicologist)*

## Management

### Decontamination:

50 g activated charcoal should be given within 2 hours of ingestion.

AC administration should be considered up to 4 hours after massive OD.

### Digoxin immune Fab

- Cardiac arrest: 5 vials q5-10 minutely as IV push until return of spontaneous circulation (up to 20 vials)

_- Other indications:_ (2 vials in 100 mL of N/Saline; infuse over 15 minutes. Repeat doses may be required)

  - dysrhythmias (with hypotension) OR ventricular tachyarrhythmias OR runs of ventricular ectopic beats
  - K⁺ >6 mmol/L and evidence of acute toxicity
  - Digoxin concentration >15 nmol/L (>12 ng/mL) AND clinical signs of toxicity (discuss with toxicologist)

  _Serum digoxin concentration is not interpretable after administration of digoxin immune Fab_

### Hyperkalaemia

- Treat along conventional lines in addition to digoxin immune Fab

### Arrhythmias

- Bradydysrhythmias - Atropine: 0.6 mg IV boluses q5 minutely up to 3 doses (child 0.02 mg/kg boluses)

- Ventricular tachyarrhythmias - MgSO₄ 10 mmol (2 g) IV or lignocaine 100 mg IV slow push in adult.

### Enhanced elimination

- Multi-dose activated charcoal (MDAC) - discuss with toxicologist (see separate guideline)

### Disposition

- Discharge pending mental health assessment if asymptomatic and digoxin concentration < 2.6 nmol/L (2ng/mL), normokalaemia and no cardiotoxicity >6 hours post ingestion.

- Admit for cardiac monitoring if requiring digoxin immune Fab