

Rodenticides with shared 'brand' names may contain different agents. Toxicity is associated with prolonged anticoagulation that may last weeks-months.

<p>Toxicity</p> <p>Single accidental ingestion is usually benign</p> <p>Ingestion >15 mg/kg can be fatal</p> <p>Ingestion >0.1 mg/kg will cause anticoagulation (0.005% = 5mg brodifacoum in 100g of bait)</p> <p>Accidental exposures in children almost never produce any adverse effect and do not routinely require investigation. Note – if child does develop toxicity following exposure, consider NAI</p> <p>Ingestion < 1 mg in an adult is usually benign</p> <p>*some rodenticides contain warfarin*</p> <p>Clinical features:</p> <ul style="list-style-type: none"> - Initially usually asymptomatic - Clinical toxicity normally manifests as bleeding and/or elevated INR (onset can 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 (AC) orally within 2 hours of deliberate poisoning</p> <p><u>Life-threatening haemorrhage / active uncontrolled haemorrhage / haemodynamic instability</u></p> <ul style="list-style-type: none"> - Resuscitate, Vitamin K₁ 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 style="text-align: center;">*NOTE:- use Vitamin K₁ (phytomenadione). Do NOT use Vitamin K₃ (menadiolone)</p> <p>If INR > 1.4:</p> <ul style="list-style-type: none"> - Administer 10 mg Vitamin K₁ orally (administer IV if patient has received GI decontamination with AC) - 6 hourly INR and titrate Vitamin K₁ 10-20 mg orally according to INR, until a stable Vitamin K₁ dose is established. - Stabilization may require > 48 hours and up to 100 - 300 mg Vitamin K₁ per day - Once INR stabilized, total daily Vitamin K₁ 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 or investigations - If patient is asymptomatic + INR < 1.4 at 48 hours post ingestion, then no further medical treatment required - Admit patients with initially deranged INR (will require Vit K₁ dose titration via 6 hourly INRs)
<p>Superwarfarins : brodifacoum, bromadiolone, coumatetradyl, difenacoum, diphacinone, flocoumafen, pindone</p>	