

The majority of exposures only cause mild GI symptoms. Multi-system toxicity is possible with massive ingestions. Mefenamic acid can cause seizures.

Toxicity / Risk Assessment

< 400 mg/kg of ibuprofen – gastrointestinal symptoms possible, but serious systemic toxicity unlikely

Serious toxicity is not expected with < 40 mg/kg of mefenamic acid

Clinical features:

ACUTE

- LARGE exposures may produce significant toxicity
 - Metabolic acidosis
 - Renal impairment (more likely with dehydration)
 - Drowsiness, coma and shock is possible (rare)
 - Seizures (mefenamic acid)

CHRONIC

- Chronic high dose NSAID ingestion
 - Renal tubular acidosis and hypokalaemia
 - GI ulceration
- Chronic toxicity usually occurs in the context of misuse of a co-formulation containing an opioid

Management

Supportive care is the mainstay of management

Decontamination:

Activated Charcoal 50 g should be given within two hours post exposure of > 400 mg/kg of ibuprofen or > 40 mg/kg mefenamic acid

Maintain Hydration

Monitor renal function in patients with large ingestions or with dehydration

Seizures (usually self-limiting)

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

Disposition

- Ingestions > 40 mg/kg of mefenamic acid: observe for 12 hours
- Any other NSAIDs: - Discharge pending mental health assessment if asymptomatic 4 hours post exposure