Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Most exposures only cause mild GI symptoms. Multi-system toxicity is possible with massive ingestion. Mefenamic acid can cause seizures.

Toxicity / Risk Assessment

Ibuprofen

< 200 mg/kg - toxicity unlikely to occur

200 – 400 mg/kg - mild gastrointestinal toxicity

>400 mg/kg– gastrointestinal symptoms predominate.

Serious systemic toxicity can occur.

Mefenamic Acid

> 40mg/kg – risk of seizures

<u>Clinical features:</u>

LARGE exposures may produce significant toxicity

- Renal impairment (more likely with dehydration)
- Drowsiness, coma and shock is possible (rare)
- Seizures (mefenamic acid)
- Metabolic acidosis

CHRONIC *(usually occurs in the context of misuse of a co-formulation containing an opioid)*

- Chronic high-dose NSAID ingestion
- Renal tubular acidosis and hypokalaemia
- Gastrointestinal ulceration

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, dehydration or pre-existing renal impairment

Consider symptomatic Rx with antacid / proton-pump-inhibitors in cases with clinical features of gastritis

<u>Seizures</u> (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