Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

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

### Toxicty / 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