

A BELGIAN SURVEY ON THE MANAGEMENT OF ACUTE PARACETAMOL INTOXICATIONS BY EMERGENCY PHYSICIANS.

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OBJECTIVE

Is there a uniform policy to treat Paracetamol-intoxicated patients in a country with a low prevalence of Paracetamol poisoning in the absence of an international consensus?

METHODS

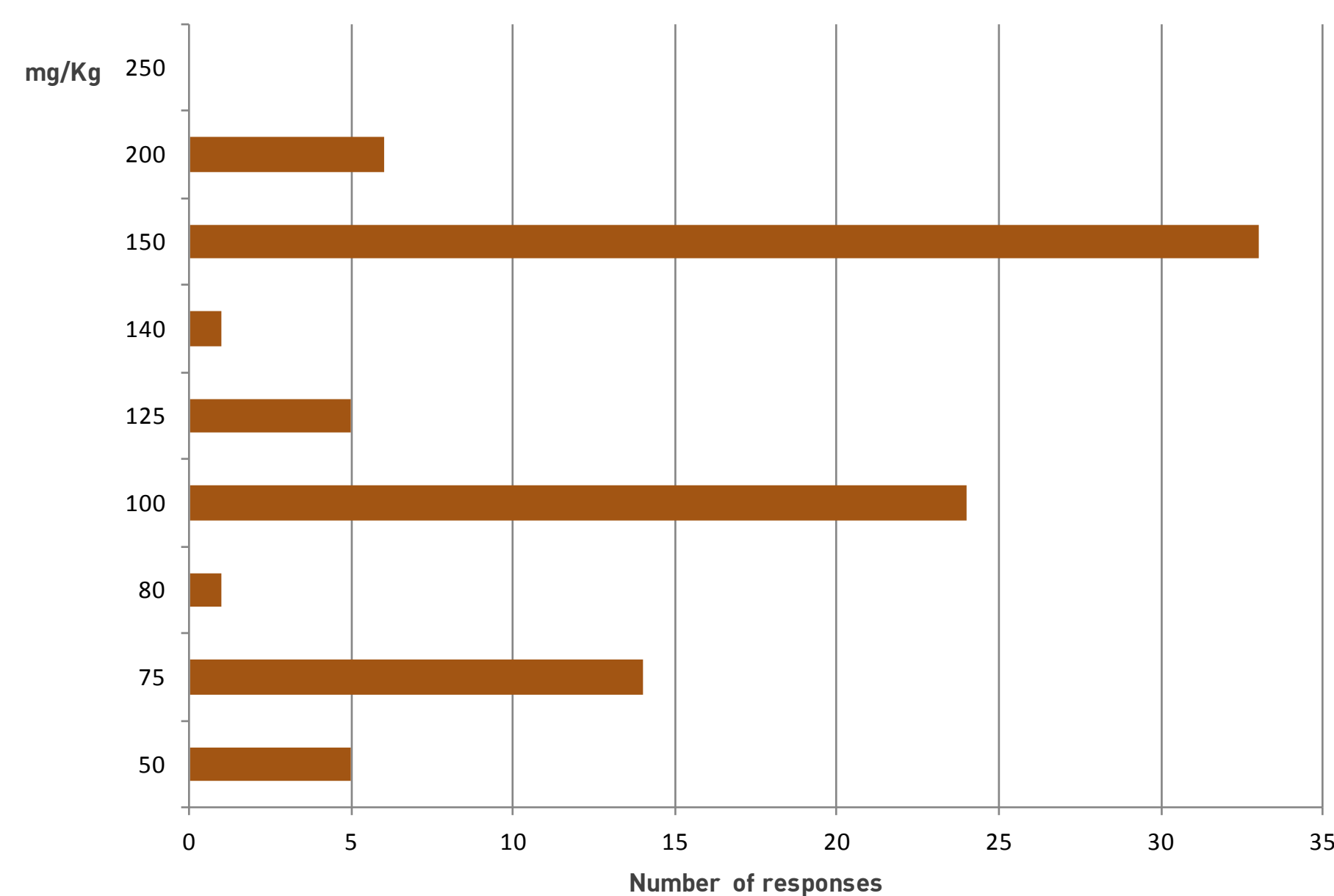
A survey was sent by e-mail to 482 emergency physicians in different types of hospitals. They were asked to answer questions on an hypothetic patient presenting at the ED 2 hours after a Paracetamol overdose. The answers were given by multiple choice and/or free text. They were specifically asked to react as they would do with a real patient including seeking advice by colleagues, senior physicians, protocols, poison centres or other means if necessary.

RESULTS

We received 97 answers (20%). A low number which could be explained by the time of year (sent in July) and by dealing with physicians with a high burden of administrative tasks. The responses were predominantly from general hospitals (74), the remaining from university hospitals.

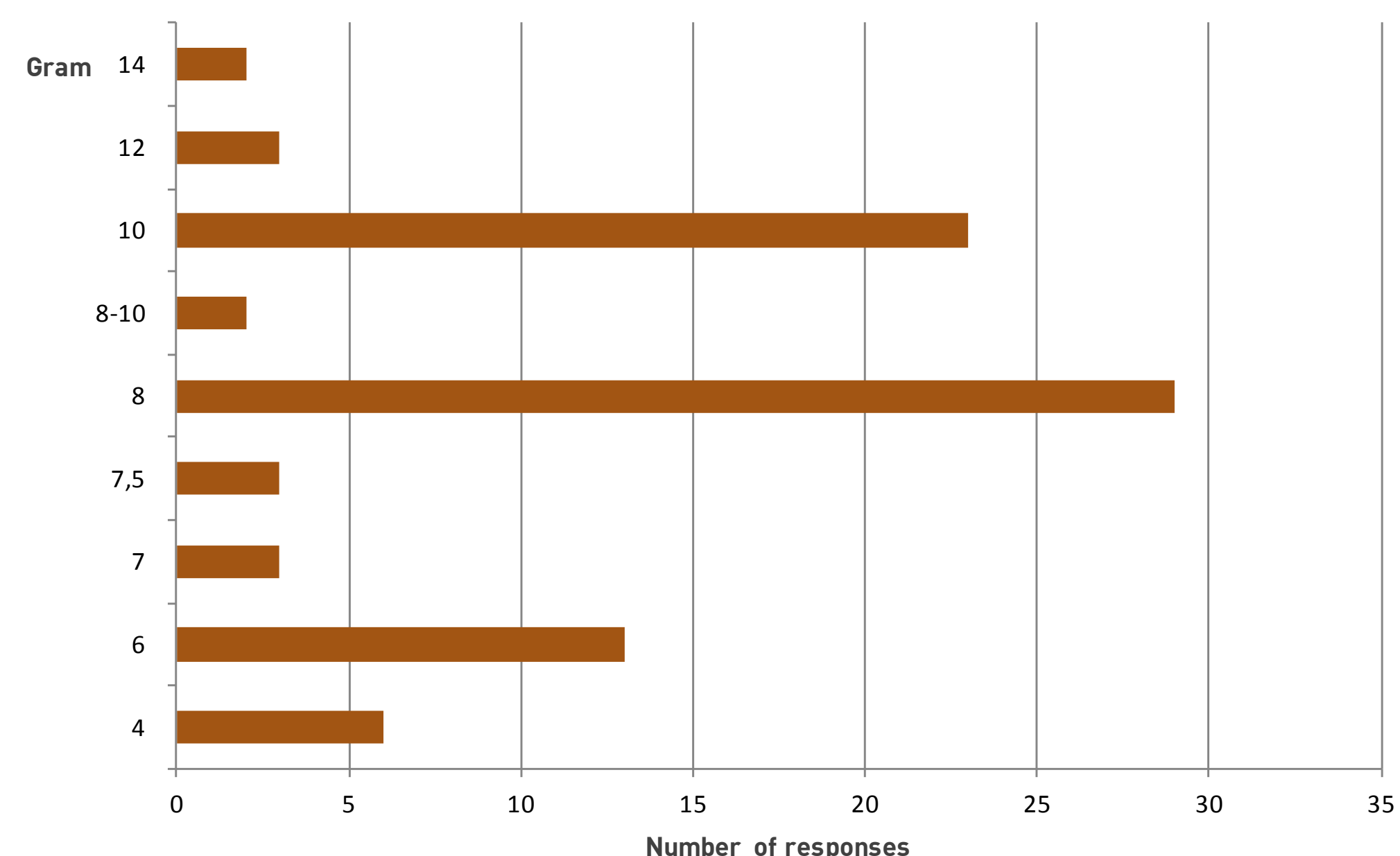
Question 1

Which dose in mg/kg the intake do you consider as toxic?



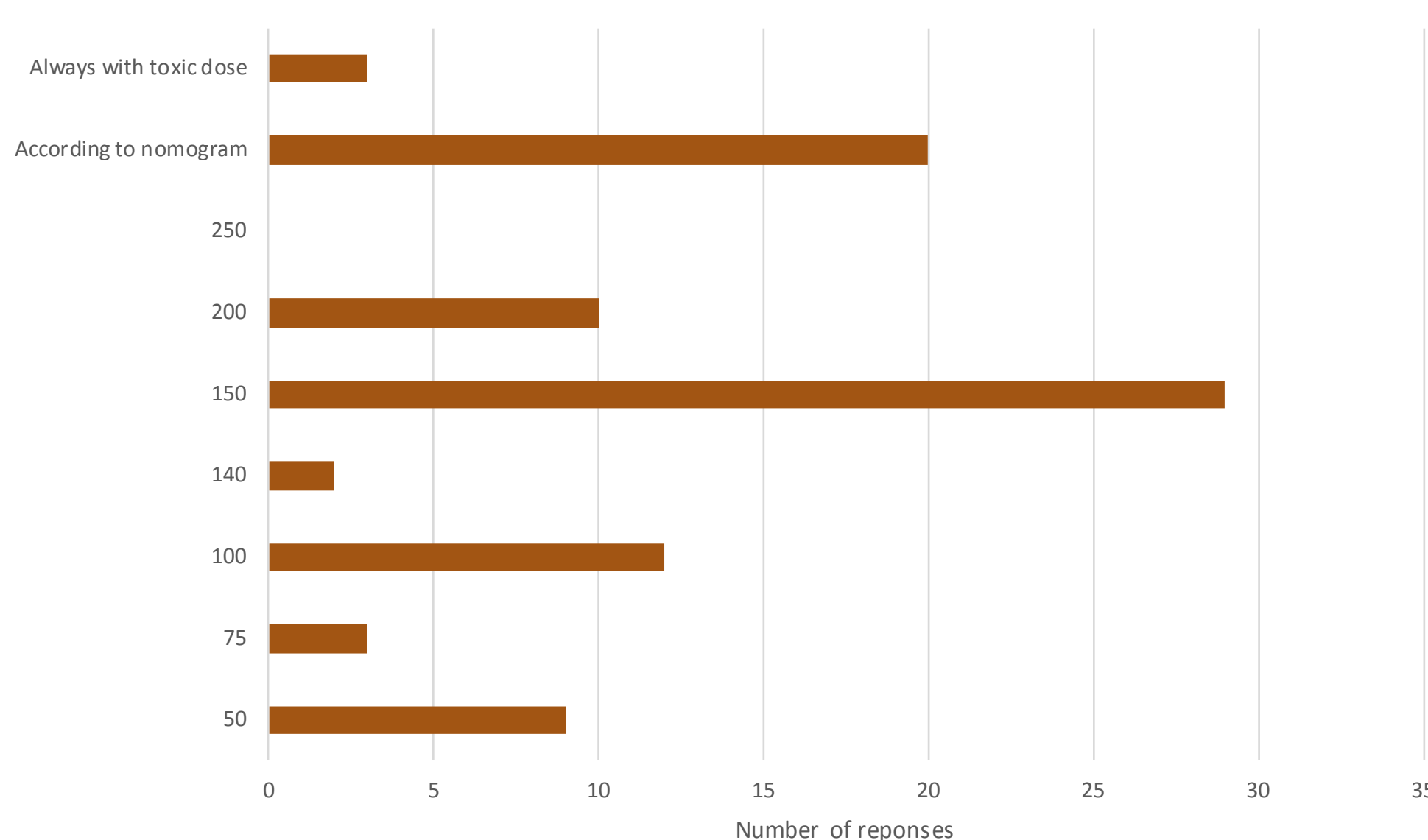
Question 2

Which total dose taken you consider as toxic?



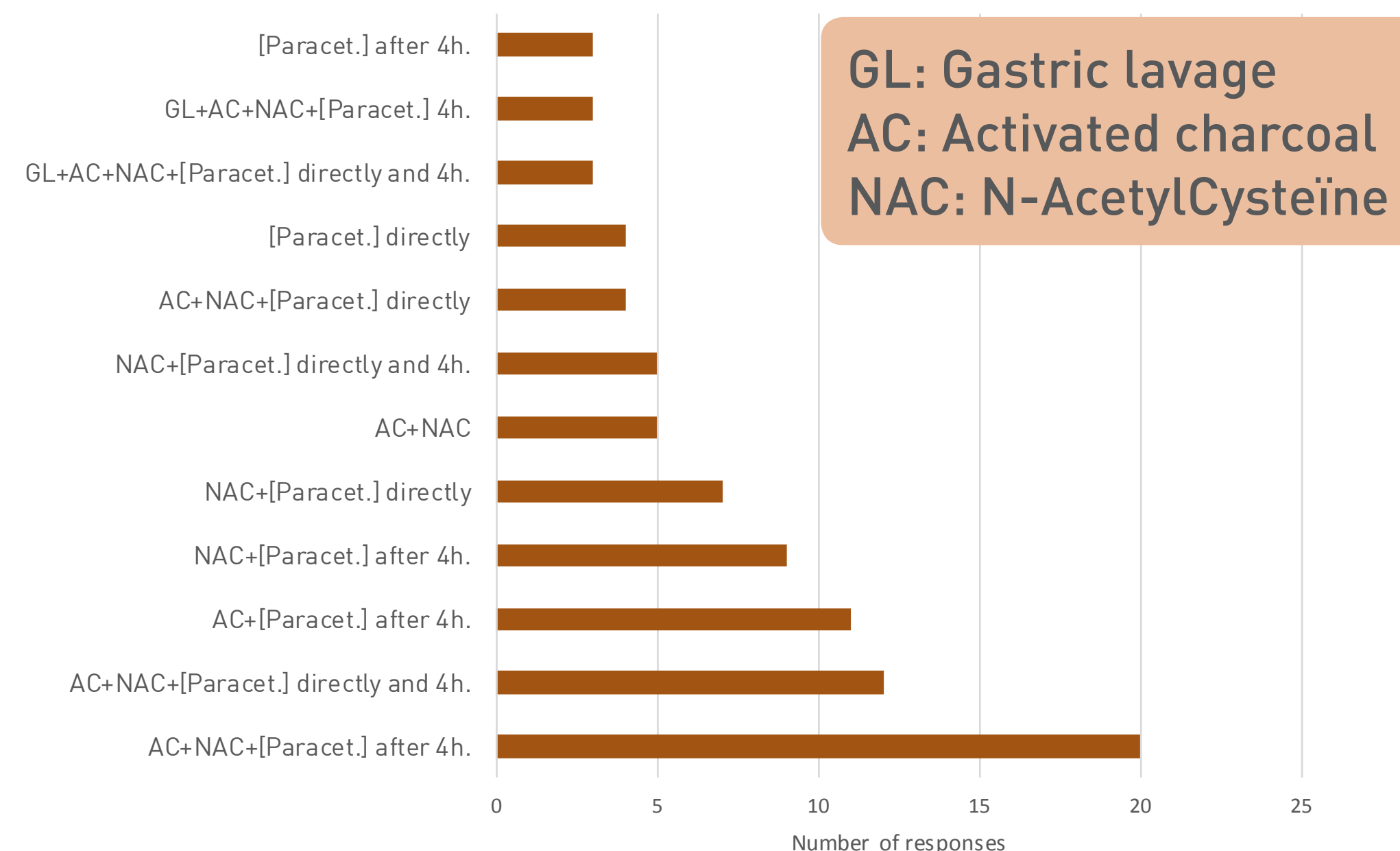
Question 3

If a blood level is known, from which level do you start NAC?



Question 4

If you consider the intake as possibly toxic what actions should be taken?



CONCLUSION

There is no uniform approach in Belgian hospitals for handling Paracetamol intoxications. Some actions like gastric lavage, giving charcoal more than 2 hours after intake and a Paracetamol level 2 hours after intake are not consistent with existing guidelines. However, the survey does not suggest any unacceptable risk for the patients.