

Intentional Acetaminophen Overdose

Appendix C: Facilitator Cheat Sheet & Debriefing Tips

Debriefing in a group/Sample questions:

Crisis-Resource Management Questions:

1. What are strategies that you can use to engage with an agitated patient?
2. How did you approach this uncooperative patient?
3. Describe ways that you handled this situation to ensure the safety of both the patient and your staff.

Medical Management Questions:

1. What are the signs and symptoms of acetaminophen toxicity at different times post ingestion?
 - <12 hours up to 24hrs (pre-injury): asymptomatic, nausea, vomiting, anorexia, malaise – elevated serum acetaminophen concentration
 - 8 to 36 hours (liver injury): nausea, vomiting RUQ tenderness – rise in AST
 - 2 to 4 days (maximum liver injury): liver failure, encephalopathy, coagulopathy, hemorrhage, acidosis – ARDS, sepsis/SIRS, multiorgan failure, cerebral edema
 - >4 days (recovery): recovery, asymptomatic
2. What are the indications for consulting Medical Toxicology for acetaminophen toxicity?
 - Signs of hepatotoxicity at presentation (metabolic acidosis, hepatorenal syndrome, hepatic encephalopathy)
 - Patients with preexisting liver disease
 - Massive ingestion (serum acetaminophen concentration >900 µg/mL)
3. What is the mechanism by which NAC helps treat acetaminophen toxicity?
 - Acts as a glutathione precursor
 - Acts as a glutathione substitute that reduces NAPQI back to APAP
 - Increases sulfation metabolism of NAPQI
 - Improves microcirculatory hepatic flow
 - Acts as an antioxidant and free radical scavenger
4. What are the indications for emergent hemodialysis following acute acetaminophen ingestion?
 - Serum acetaminophen concentration >1000 µg/mL at 4hrs post ingestion
 - Hepatorenal syndrome (Cr >3.5)
 - Metabolic acidosis with pH <7.30
 - Encephalopathy
 - Elevated lactate (>3.5mmol/L)