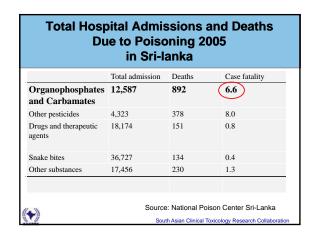
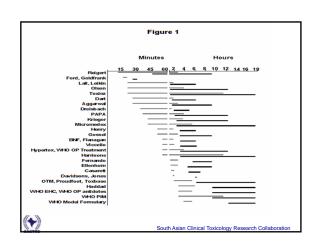


Peradeniya General Hospital Sri Lanka

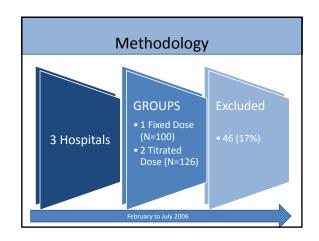
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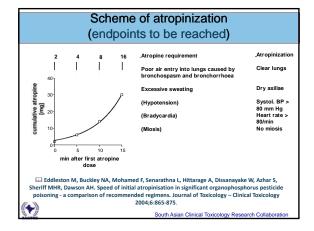


Atropine Dose in Organophosphates Sri Lankan ventilated OP patients who survived require Mean initial dose of 23.4 mgs. Maximum initial dose of 75 mgs. 38 texts with 31 different recommendations Eddleston et al. Speed of initial atropinisation in significant organophosphorus pesticide poisoning. J Tox Clin Tox 2004;42(6):865-75



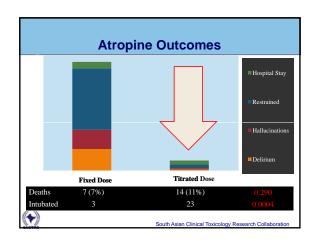
Purpose of the study * To examine the safety and efficacy of atropine in a cohort of patients with acute cholinesterase inhibitor poisoning South Asian Clinical Toxicology Research Collaboration





	'fixed high dose' N=119	'titrated dose' N=153	P Value
Males	85(71%)	90(59%)	0.031
Age (years)*	25.5 (20-35)	26(22-38)	0.025
Direct admission	89 (75%)	24 (16%)	< 0.0001
Chlorpyrifos	93 (78%)	56(37%)	< 0.0001
Dimethioate	3 (3%)	28 (18%)	< 0.0001
Amount Ingested (ml) *	27 (10-80)	50 (25-100)	0.002
GCS < 15	71 (60%)	110 (72%)	< 0.003
Pulmonary signs	25 (21%)	55 (36%)	0.007
Ventilated on admission	1 (1%)	9 (6%)	0.002
Alcohol ingestion	34 (29%)	29 (19)	NS
Co-Morbid Illness***	15 (13%)	22 (14%)	NS
Pralidoxime	48 (40%)	32 (21%)	0.0005

	Atropine dosing		
	'Fixed high dose' N=100	'Titrated dose' N=126	P Value
Atropine Bolus (mg)	15 (10-20)	3.9 (1.2-19.2)	0.0013
Atropine Infusion rate over first 24 hours (mg/hour)	2.1 (1.18-3.39)	1.39 (0.46-2.32)	<0.0001
Total atropine dose (mg.) over first 24 hours	65.4	37.3	<0.0001
Data are Median (IQR)			
		Clinical Toxicology Resea	



	Fixed high dose	Titrated dose	P Value
hlorpyrifos	N=93	N=56	
Ventilated	2 (2%)	5 (9%)	N/S
Death	3 (3%)	2 (4%)	N/S
Dimethoate	N=3	N=28	
Ventilated	0 (0%)	14 (50%)	N/S
Death	2 (67%)	8 (29%)	N/S
arbamates	N=5	N=13	
Ventilated	0 (0%)	1 (8%)	N/S
Death	1 (20%)	2 (15%)	N/S
Others and unknown OPs	N=18	N=56	
Ventilated	3 (17%)	4 (7%)	N/S
Death	2 (11%)	5 (9%)	N/S

Conclusions Titrated atropine dosing was associated with significantly less atropine toxicity There is no difference in patient mortality Atropine doses should be titrated against response and toxicity The use of a structured monitoring sheet may assist in more appropriate atropine use

