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| **Case Title**  | Clonidine Intoxication |
| **Scenario Name** | Clonidine Intoxication |

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| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) |
| **Knowledge:**1. Identify signs and symptoms of clonidine intoxication
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| **Skills:**1. Management of clonidine intoxication
2. Demonstrate appropriate supportive & therapeutic interventions
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| **Attitude/Behaviours:**1. Demonstrate Team skills
2. Demonstrate Situational awareness
3. Demonstrate Graded Assertiveness
 |
| **Scenario Environment** |
| **Location** | ED |
| **Monitors** | Bedside monitor |
| **Props/Equipment** | VentilatorECG - with sinus bradycardiaCXR - post intubation |
| **Make-up/Moulage** |  |
| **Potential Distractors** |  |

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| **Case Introduction:** |
| 6 yr old girl brought to the ED because of lethargy. Had no medical history. Upon arrival in the ED you are asked to see the child immediately. |

| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: Lethargic****Condition:** lethargic, but well developed child**Initial Assessment*** **Heart Rhythm:** Sinus
* **HR:** 70
* **BP:** 100/50
* **RR:** 16-20
* **SP02:**
* **T:** 34.8
* **CNS:** somnolent with poor muscle tone and slight hyporeflexia, gag reflex is intact, patient became more active and at times agitated with tactile stimulation. PERL – slightly reactive to light
* **Chest:** normal
* **CVS:** regular bradycardia
* **GI:** normal
* **Weight:** 12 kg
 | 1. **Take a focused history** (see Notes column)
2. **Medical Management**

Airway* Talk to the patient ,she responds briefly
* Optimize airway position
* Suction the airway as needed

Breathing * Check oxygen saturation
* Apply monitors – “sinus bradycardia”
* Provide oxygen delivery – no change in clinical appearance
* Auscultate chest - Equal air entry
* No added sounds

Circulation* Monitors (if not done yet)
* Check pulse, cap refill, BP – HR 70
* Start IV

Expose the patient* No rash, no petechiae
* Order ECG
* Order blood work
	+ Blood gas, CBC differential, Electrolytes, BUN, Cr
 | 1. **Focused history**
* The young girl & her sibling ate dinner at neighbors house 1 hr prior to the incident
* The neighbor revealed that she is on clonidine tablets
* Not sure if there are tablets missing from her medication
* No other medications available at home

**PMHx*** Previously healthy
* No hx of fever or antecedent illness

**Meds*** Nil

**Allergies*** NKA
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| **Phase 2: Deterioration****Condition:** worsening. Evolves to hypotension**Physical Examination*** **Heart Rhythm:** Sinus
* **HR:** 60
* **BP:** 70/40
* **RR:** 25
* **SP02:** 98% RA
* **T:**  35 Ax
* **Glucose:** 6 (provide when asked by student)
 | 1. **Patient Reassessment** (see Notes column)
2. **Medical Management**
* Naloxone IV one dose given repeated with no response
* Activated Charcoal 1g/kg
* IV NS bolus 20/kg
* Atropine 0.02/kg
* Call for ICU
 | 1. **Patient Reassessment**

**Airway*** Reassessment: stable

**Breathing** * Reassessment breathing, auscultation normal
* Apply 100% oxygen – no change in clinical appearance

**Circulation*** Reassess HR, pulse, BP
* Consider giving fluid bolus 20cc/kg NS – no change in vital signs
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| **Phase 3: Unresponsive****Condition:** unresponsive, bradycardia, and hypotension. Patient became unresponsive with slow and shallow breathing with intermittent apnea**Physical Examination*** **Heart Rhythm:** Sinus
* **HR:** 60
* **BP:** 60/30
* **RR:** 10
* **SP02:** 85%
 | 1. **Patient Reassessment** (see Notes column)
2. **Medical Management**
* Intubation and ventilation
* IV NS bolus 20/kg
* Dopamine infusion
 | 1. **Patient Reassessment**

**Airway*** Position airway
* OP airway
* Prepare for intubation

**Breathing** * Shallow respiration and apnea

**Circulation*** Reassess HR, pulse, BP, cap refill
* Bolus NS 20cc/kg – no change
* ECG – sinus bradycardia
 |
| **Phase 4: Intubated****Condition:** intubated and sedated; no movement **Physical Examination*** **Heart Rhythm:** Sinus
* **HR:** 110
* **BP:** 85/50
* **RR:** 24
* **SP02:** 98% - intubated
* **T:** 37 Orally
 | 1. **Patient Reassessment** (see Notes column)
2. **Medical Management**
* Check blood sugar
* Call ICU (if not done already)
* Prepare for transport after stabilized
 | 1. **Patient Reassessment**

**Airway*** Ensure proper position is maintained

**Breathing** * Intubated

**Circulation*** Give more fluid to 60-80 cc/kg
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**Insert more lines if more phases required.**

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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student**
2. **R1**
3. **Senior IM resident**
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**References:**