# **Oral Abstracts**

## 9A-01

## BEDSIDE TOXICOLOGY: WHAT NOT TO DO

### Christopher Peter Nickson<sup>1, 2</sup>

<sup>1</sup>Intensivist, Intensive Care Unit, The Alfred Hospital, <sup>2</sup>Adjunct Lecturer, School of Public Health and Preventative Medicine, Monash University

**Abstract:** The acutely poisoned patient poses a difficult challenge for the bedside clinician. Apparently well patients may deteriorate suddenly and we are often presented with incomplete information. We have potentially invasive specific and supportive therapies at our disposal, ranging from intubation to antidotes. In the context of a structured approach, this talk targets many of the 'sins of commission and omission' through which we can harm our acutely poisoned patients at the bedside: "First, do no harm".

#### Learning Objectives:

- 1. Describe a structured approach to the acutely poisoned patient.
- 2. Identify common practices in the management of acutely poisoned pateints that can cause harm
- 3. Discuss persisting controversies and "myths" regarding the management of acutely poisoned patients