

Evidence-Based Clinical Pathway: Lipid Rescue Therapy

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Primary Sources: Manini et al, J Med Toxicol. 2010 Jun;6(2):106-15, Cave et al Acad Emerg Med. 2009 Sep;16(9):815-24, Cave et al, Emergency Medicine Australasia (2011) 23, 123–141, Cave, Grant. "AAGBI Safety Guideline Management of Severe Local Anaesthetic Toxicity." The Association of Anaesthetists of Great Britain & Ireland, Dec 2010. Web. 10 Aug 2011. <http://www.aagbi.org/sites/default/files/la_toxicity_2010_0.pdf>

Standard therapy in these overdoses always includes ABCs and standard ACLS treatment of arrhythmia, with the caveat that many drug induced arrhythmias will be refractory to ACLS protocol. Specific therapies, such as bicarbonate for sodium channel blockade, glucagon for beta blockers or calcium channel blockers, and vasopressors for refractory hypotension must be tailored to the overdose in question and to the clinical picture. Consider Poison Control consultation after patient stabilization and admission to ensure toxicologic follow up.,

Pathway applicability:
Cardiovascular collapse or cardiogenic shock in adult patients with suspected drug overdose refractory to standard therapy

Common overdoses amenable to this therapy include:

- Local anesthetics
- Beta blockers
- Calcium channel blockers
- Tricyclic antidepressants
- Antipsychotics

