



**Toxidromes** are predictable clusters of signs and symptoms caused by exposure to specific classes of toxins or drugs. Valuable in **pediatric ingestions** where history may be unreliable or unavailable.

TOXIDROME	VITALS	PUPILS & SKIN	MENTAL STATUS	EXAMPLES	TREATMENT/ ANTIDOTES
<b>THE AGITATED CHILD</b>					
<b>Sympathomimetic</b> "hot, fast, wet"	HR: ↑ RR: ↑ BP: ↑ Temp: ↑	Mydriasis, reactive  Diaphoretic	Agitation Hypervigilance Paranoia	Cocaine Amphetamine Caffeine	<i>Management:</i> <b>Diazepam</b> 0.2–0.5 mg/kg IV or IM (max 10 mg)
<b>Anticholinergic</b> "hot, dry, blind, mad, and red"	HR: ↑ RR: ↑ BP: N/↑ Temp: ↑	Mydriasis, non-reactive  Dry/flushed	Delirium Hallucinations Agitation	Sedating antihistamines TCAs Atropine Atypical antipsychotics	<i>Management:</i> <b>Diazepam</b> 0.2–0.5 mg/kg IV or IM (max 10 mg)
<b>THE SEDATED CHILD</b>					
<b>Opioid</b>	HR: ↓ RR: ↓ BP: ↓ Temp: ↓	Miosis  Dry	CNS depression Coma	Opioids (heroin, morphine, fentanyl) Cough syrups w/ codeine derivatives	<i>Antidote:</i> <b>Naloxone</b> (full reversal) 0.1 mg/kg IV (max 2 mg)
<b>Cholinergic</b> <i>SLUDGE - salivation, lacrimation, urination, defecation, GI cramps, emesis</i>	HR: ↓ RR: N BP: N/↓ Temp: N	Miosis (lacrimation)  Diaphoretic	Confusion Coma	Organophosphates Nerve agents Physostigmine	<i>Antidote:</i> <b>Atropine</b> 0.02 mg/kg IV (max 3 mg), doubled q5min
<b>Sedative-Hypnotic</b>	HR: ↓ RR: ↓ BP: ↓ Temp: N/↓	Normal or miotic  Dry/variable	CNS depression Coma Confusion	Alcohol Benzodiazepines Barbiturates	<i>Benzodiazepine toxicity Antidote:</i> <b>Flumazenil</b> 0.01 mg/kg IV (max 0.2mg)

### Red Flags:

- Respiratory depression
- Seizures
- Hyperthermia (>40°C)
- Hypotension or shock
- Altered mental status with unclear cause



### MANAGEMENT

- ABCDEFGF: **A**BCs, **D**econtaminate, **E**nhanced Elimination, **F**ind the Antidote, **G**et Help (**C**ontact your local **P**oison and **D**rug **I**nformation **C**entre)
- Essential Investigations: Acetaminophen, ASA, EtOH levels, ECG, VBG, Liver Enzymes, Serum Osmolality, Electrolytes and Extended Electrolytes

**One Pill Can Kill** – A single adult dose can be lethal in pediatric patients. Sulfonyleureas, Beta blockers, CCBs, TCAs, ASA, Antimalarials, Opioids

May 2026