Angiotensin Converting Enzyme Inhibitors (ACEI) and Angiotension II Receptor Blocker (ARB)

Supportive care for hypotension is the mainstay of treatment with ACEI or ARB poisoning

Toxicity / Risk Assessment

Usually benign when ingested in isolation

Co-ingestion with a calcium channel blocker (CCB) or beta blocker (BB) can produce profound shock

Patients with renal failure, congestive heart failure, dehydration is at ↑ risk of toxicity

Single tablet accidental exposure in children is usually benign

<u>Clinical features:</u>

- usually asymptomatic (lone ingestion)
- hypotension may occurs within 2 hours of exposure
- secondary hyperkalaemia may be observed in large overdoses

Management

Decontamination

Offer activated charcoal 50g (1g/kg in children) up to 2 hours post ingestion if severe toxicity is expected based on reported ingestion / co-morbidities, or if co-ingestion with CCB or BB

Hypotension

Fluid: initially load with 10-20 mL/kg IV crystalloid

Hypotension resistant to IV fluid may require management with a vasopressor (noradrenaline initially)

<u>Co-ingestion of a CCB producing profound hypotension</u>:

- An echocardiogram will help characterise the degree of vasoplegia vs. negative inotropy
- Other vasoconstrictors (vasopressin, methylene blue) or positive inotropes (HIET, adrenaline) may be beneficial (discuss with clinical toxicologist)

Disposition:

- Discharge pending mental health assessment if clinically well and asymptomatic at 6 hours post ingestion
- Patients with hypotension are admitted for supportive care until symptoms resolve