

The majority of exposures only cause mild GI symptoms. Multi-system toxicity is possible with massive ingestions. Mefenamic acid can cause seizures.

Toxicity / Risk Assessment

Ibuprofen

< 200 mg/kg - toxicity unlikely to occur

200 – 400 mg/kg - expect mild toxicity

>400 mg/kg- gastrointestinal symptoms

possible, but serious systemic toxicity unlikely

Mefenamic Acid

> 40mg/kg – risk of seizures

Clinical features:

LARGE exposures may produce significant toxicity

- Renal impairment (more likely with dehydration)
- Drowsiness, coma and shock is possible (rare)
- Seizures (mefenamic acid)
- Metabolic acidosis

CHRONIC (usually occurs in the context of misuse of a co-formulation containing an opioid)

- Chronic high dose NSAID ingestion
- Renal tubular acidosis and hypokalaemia
- GI ulceration

Management

Supportive care is the mainstay of management

Decontamination:

Activated Charcoal 50 g should be given within two hours post exposure of > 400 mg/kg of ibuprofen or > 40 mg/kg mefenamic acid

Maintain Hydration

Monitor renal function in patients with large ingestions or with dehydration or existing renal impairment

Consider symptomatic Rx with antacids and PPIs in cases with clinical features of gastritis

Seizures (usually self-limiting)

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

Disposition

- Ingestions > 40 mg/kg of mefenamic acid: observe for 12 hours
- Any other NSAIDs: - Discharge pending mental health assessment if asymptomatic 4 hours post exposure