

The logo for TOXED features a white vertical bar on the left containing a stylized orange pill icon. To the right, the word "TOXED" is written in a bold, sans-serif font. The letter "O" is replaced by a white hexagonal shape with a black outline and a small notch on its right side. The background is a solid orange color with a pattern of various pills and capsules in lighter shades of orange and white.

TOXED

QUICK START GUIDE

The clinically relevant point-of-care solution
for poison and drug emergencies.



Welcome to ToxED, the solution specifically designed for the management of poison and overdose emergencies.

This Quick Start Guide should get users up and running with ToxED in a matter of minutes.

Overview

ToxED has been designed around the user with search and navigation that is simple, quick and easy to use.

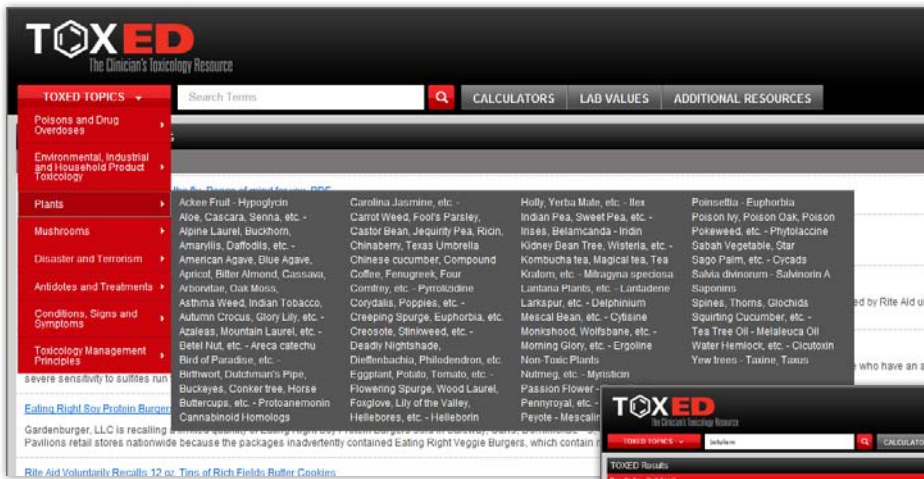
ToxED Home allows you to:

- Begin a search
- View clinical toxicology and related news items
- Review current clinical toxicology literature
- Utilize FDA and NLM gadgets
- Quickly link to Clinical Pharmacology
- Identify unknown tablets or capsules using Drug Identifier
- Access Clinical Calculators
- Evaluate normal lab value reference ranges
- Link to additional toxicology resources
- Contact Elsevier/Gold Standard with a question via the Contact Us link

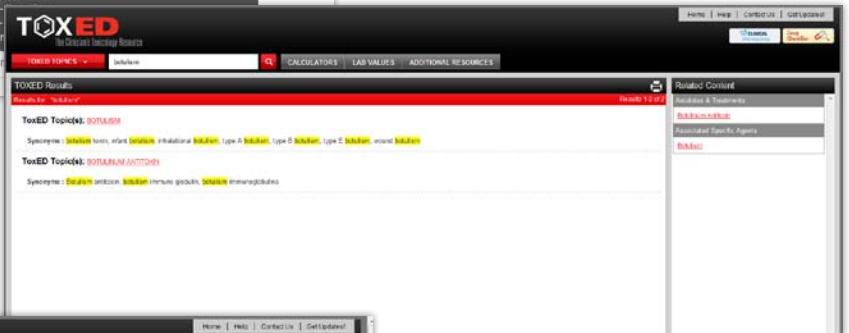
ToxED HOME

The screenshot shows the ToxED HOME website interface. At the top, there is a navigation bar with links for Home, Help, Contact Us, and Get Updates. Below this is a search bar with the text "TOXED TOPICS" and a search icon. The main content area is divided into two columns. The left column is titled "Toxicology Related News" and contains a list of news items with their titles and dates. The right column is titled "Recent Articles" and contains a list of article titles and dates. At the bottom right, there is a "Tools" section with a link to "Antidotes Information for Consumers".

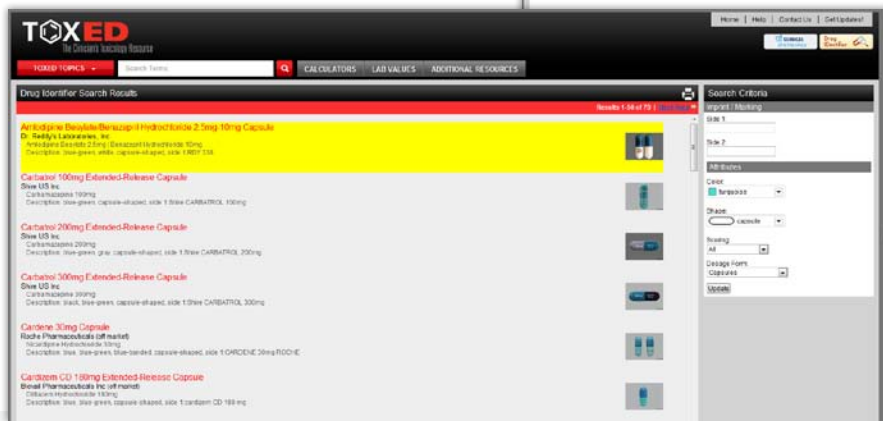
BROWSE ToxED TOPICS



SEARCH ToxED



THE DRUG Identifier



Browse ToxED Topics

Quickly browse all topics within ToxED utilizing the ToxED Topics drop-down menu. Quickly see topics related to Poisons/Drug Overdoses, Plants, Mushrooms, Disaster and Terrorism, Antidotes and Treatments, Toxin/Overdose-induced conditions/symptoms (Toxidromes), and Toxicology Management Principles.

Search ToxED

When searching ToxED, your primary results will appear in the main search result section. To the right, you will see related topics and the option of searching our database of over 1 million MSDS sheets for additional information.

The Drug Identifier

Identify unknown tablets or capsules by:

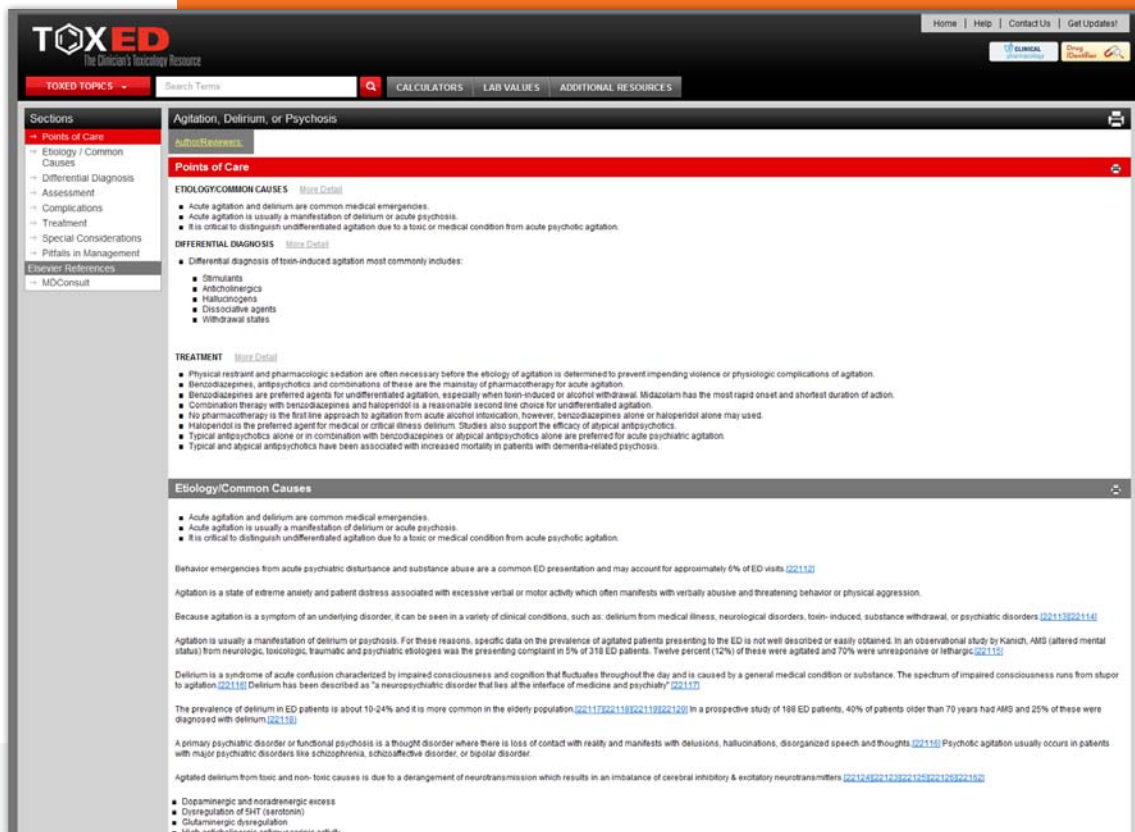
- Marking/Imprint for one or both sides drug product
- Color
- Shape
- Scoring
- Dosage Form

After entering your search criteria, the results of the drug products, active ingredients, manufacturer, product description, and image, when available, are presented.

ToxED Topics

Authored by clinical toxicology and emergency medicine clinicians, ToxED provides comprehensive information to assist in the assessment, diagnosis, and treatment of drug overdoses, poisons, and chemical exposures. Content is extensively referenced with links to the PubMed citation. Where applicable, calculators to assist with diagnosis and/or management are provided within the ToxED topic.

At the beginning of most ToxED topics, the Point of Care section is tailored to provide critical information quickly.



The screenshot shows the ToxED website interface. The main content area is titled "Agitation, Delirium, or Psychosis" and includes a "Points of Care" section. The "Points of Care" section contains the following information:

- ETIOLOGY/Common Causes**
 - Acute agitation and delirium are common medical emergencies.
 - Acute agitation is usually a manifestation of delirium or acute psychosis.
 - It is critical to distinguish undifferentiated agitation due to a toxic or medical condition from acute psychotic agitation.
- DIFFERENTIAL DIAGNOSIS**
 - Differential diagnosis of toxin-induced agitation most commonly includes:
 - Stimulants
 - Anticholinergics
 - Hallucinogens
 - Dissociative agents
 - Withdrawal states
- TREATMENT**
 - Physical restraint and pharmacologic sedation are often necessary before the etiology of agitation is determined to prevent impending violence or physiologic complications of agitation.
 - Benzodiazepines, antipsychotics and combinations of these are the mainstay of pharmacotherapy for acute agitation.
 - Benzodiazepines are preferred agents for undifferentiated agitation, especially when toxin-induced or alcohol withdrawal. Midazolam has the most rapid onset and shortest duration of action.
 - Combination therapy with benzodiazepines and haloperidol is a reasonable second line choice for undifferentiated agitation.
 - No pharmacotherapy is the first line approach to agitation from acute alcohol intoxication, however, benzodiazepines alone or haloperidol alone may be used.
 - Haloperidol is the preferred agent for medical or critical illness delirium. Studies also support the efficacy of atypical antipsychotics.
 - Typical antipsychotics alone or in combination with benzodiazepines or atypical antipsychotics alone are preferred for acute psychiatric agitation.
 - Typical and atypical antipsychotics have been associated with increased mortality in patients with dementia-related psychosis.

The "Etiology/Common Causes" section contains the following information:

- Acute agitation and delirium are common medical emergencies.
- Acute agitation is usually a manifestation of delirium or acute psychosis.
- It is critical to distinguish undifferentiated agitation due to a toxic or medical condition from acute psychotic agitation.

Behavior emergencies from acute psychiatric disturbance and substance abuse are a common ED presentation and may account for approximately 6% of ED visits.

Agitation is a state of extreme anxiety and patient distress associated with excessive verbal or motor activity which often manifests with verbally abusive and threatening behavior or physical aggression.

Because agitation is a symptom of an underlying disorder, it can be seen in a variety of clinical conditions, such as: delirium from medical illness, neurological disorders, toxin-induced, substance withdrawal, or psychiatric disorders.

Agitation is usually a manifestation of delirium or psychosis. For these reasons, specific data on the prevalence of agitated patients presenting to the ED is not well described or easily obtained. In an observational study by Karich, AMG (altered mental status) from neurologic, toxicologic, traumatic and psychiatric etiologies was the presenting complaint in 5% of 318 ED patients. Twelve percent (12%) of these were agitated and 70% were unresponsive or lethargic.

Delirium is a syndrome of acute confusion characterized by impaired consciousness and cognition that fluctuates throughout the day and is caused by a general medical condition or substance. The spectrum of impaired consciousness runs from stupor to agitation. Delirium has been described as "a neuropsychiatric disorder that lies at the interface of medicine and psychiatry".

The prevalence of delirium in ED patients is about 10-24% and is more common in the elderly population. In a prospective study of 188 ED patients, 40% of patients older than 70 years had AMG and 25% of these were diagnosed with delirium.

A primary psychiatric disorder or functional psychosis is a thought disorder where there is loss of contact with reality and manifests with delusions, hallucinations, disorganized speech and thoughts. Psychotic agitation usually occurs in patients with major psychiatric disorders like schizophrenia, schizoaffective disorder, or bipolar disorder.

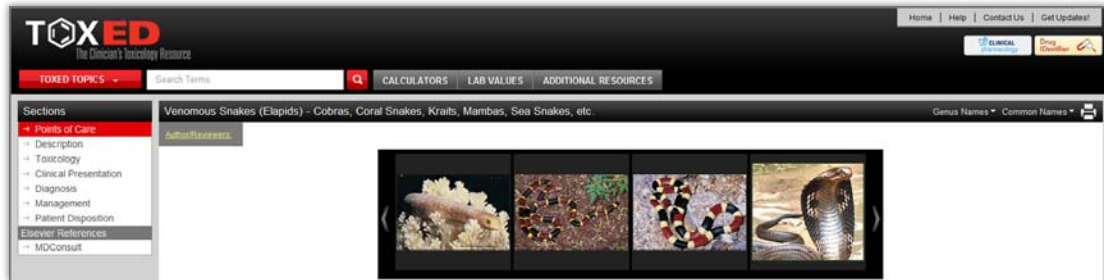
Agitated delirium from toxic and non-toxic causes is due to a derangement of neurotransmission which results in an imbalance of cerebral inhibitory & excitatory neurotransmitters.

- Dopaminergic and noradrenergic excess
- Dysregulation of 5HT (serotonin)
- Glutamatergic dysregulation
- High anticholinergic antimuscarinic activity

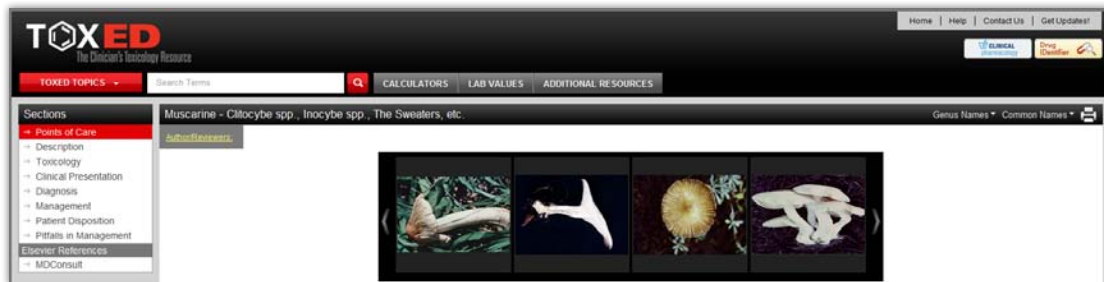
ToxED Topics Include:

- Poisons, Drug Overdose, Environmental, Industrial, and Household Products
- Plant and Mushroom
- Disaster and Terrorism
- Antidotes and Treatment
- Conditions, Sign, and Symptom
- Toxicology Management Principle

POISONS, DRUG OVERDOSE, ENVIRONMENTAL, INDUSTRIAL, HOUSEHOLD PRODUCTS TOPICS



PLANT AND MUSHROOM TOPICS



Poisons, Drug Overdose, Environmental, Industrial, Household Products Topics

Thorough discussion of specific drug overdoses and poisons providing:

- Points of Care for Diagnosis, Clinical Presentation and Management
- Description, Pharmacology, Toxicology
- Detailed Diagnosis, Clinical Presentation and Management information
- Pitfalls in Management discussions that highlight special issues that clinicians need to consider
- Patient Disposition guidance
- Calculators useful in clinical management, when applicable
- Images of venomous animals

Plant and Mushroom Topics

Content created and reviewed by leading experts in plant toxicology and mycology who understand the importance of properly identifying toxic plants and mushrooms includes:

- Points of Care for Diagnosis, Clinical Presentation and Management
- Description, Toxicology
- Detailed Diagnosis, Clinical Presentation and Management information
- Pitfalls in Management discussions that highlight special issues that clinicians need to consider
- Patient Disposition guidance
- Images of plants and mushrooms

Disaster and Terrorism Topics

Management and emergency preparedness discussions regarding radiation accidents and biologic and chemical warfare agents including:

- History and Pathophysiology of Injury
- Clinical Manifestations
- Assessment and Treatment
- Management of Mass Casualties
- Principles of Preparedness

ToxED TOPICS CONTINUED

Antidotes and Treatment Topics

Describes therapeutic drugs and antidotes employed in the treatment of poisonings and drug overdose, including:

- Description, Mechanism of Action
- Indications
- Pharmacokinetics/ Pharmacodynamics
- Contraindications/Precautions
- Adverse Reactions
- Treatment
- How Supplied
- Calculators useful in clinical management, when applicable

Conditions, Sign, and Symptom Topics

Logical approach to the evaluation and treatment of common complications of poisoning and drug overdose including:

- Etiology/Common Causes
- Differential Diagnosis, Assessment
- Complications
- Treatment
- Special Considerations, including special populations such as pediatrics and geriatrics
- Pitfalls in Management discussions that highlight special issues that clinicians need to consider
- Calculators useful in clinical management, when applicable

Toxicology Management Principle Topics

Discussions regarding fundamental toxicology principles necessary for the appropriate treatment of patients including principles of decontamination and enhanced elimination and laboratory diagnosis and drug screening.

Customer Support Information

There are three ways to reach Elsevier/Gold Standard Customer Support:

1. Phone at 800-375-0943 (press 1 at the voice prompt)
2. E-mail at support@goldstandard.com
3. Click the “Contact Us” link at the top right of ToxED. A pop-up window will allow you to type in your question or problem and send it directly to the Elsevier/Gold Standard Customer Support team.

Technical Note

Support resources are provided within ToxED including Help and Contact information that appear in pop-up windows. We highly recommend you enable your Internet browser to allow for pop-up windows. Typically this is found under “Preferences” within the “Content” or “Security” tabs and is usually labeled “Block Pop-ups” with a checkbox to indicate your preference.