



ศูนย์พิษวิทยารามาธิบดี

คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล

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RAMATHIBODIPOISONCENTER

Faculty of Medicine Ramathibodi Hospital, Mahidol University

Sukho Place Building, Sukhothai Rd., Bangkok 10300 Hotline 1367

Treatment of Paraquat poisoning

PREVENT ABSORPTION

1. Naso- or orogastric lavage should be performed within an hour of the ingestion.
2. Adsorbents: 15% Fuller's earth (150 g or 2 ½ bottles in water 1000 ml), or activated charcoal

Pediatric

- | | | |
|----------------------|----------|----|
| - 15% Fuller's earth | 15 ml/kg | OR |
| - Activated charcoal | 2 g/kg | |

Adult

- | | | |
|----------------------|---------|----|
| - 15% Fuller's earth | 1000 ml | OR |
| - Activated charcoal | 100 g | |

NB: If the patient vomits the first dose of the adsorbent, another should be given. Rapid control of repeated vomiting with antiemetics is essential when the patient cannot retain the adsorbent.

INCREASED ELIMINATION

1. Maintain high normal urine output (correcting dehydration, accelerating paraquat excretion, reducing tubular fluid concentration of paraquat).
2. Charcoal hemoperfusion should be begun and continued 6-8 hours only if it can be initiated within 4 hours of ingestion.

MEDICAL TREATMENT

1. IMMUNOSUPPRESSIVE THERAPY

- 1.1 Cyclophosphamide 5 mg/kg/day iv, divided to every 8 hr
- 1.2 Dexamethasone 10 mg iv every 8 hr



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2. ANTIOXIDANTS

2.1 Vitamin C (500 mg/amp) 6 g iv drip in 24 hr

2.2 Vitamin E (400 i.u./tab) 2 tabs qid

3. N-acetylcysteine (Optional)

Add N-acetylcysteine if

- 1). Positive urine dithionite test (any color) more than 12 h after ingestion. Or
- 2). Urine dithionite test changes to purple color within 12 h after ingestion.

N-acetylcysteine Dosage:

Loading dose 150 mg/kg IV infusion in 3 h

Maintenance dose 500 mg/kg IV infusion in 24 h

CONFIRMATION OF POISONING

Paraquat test kit: a simple colorimeter test is used to identify paraquat in the urine and stomach contents.

Result

- No color to light blue = concentration less than 1 mg/L (generally predict survival)
- Navy blue to dark blue = concentration > 1 mg/L (often foretell a fatal outcome)

LABORATORY INVESTIGATION

- CBC, BUN, Cr, electrolyte, LFT, CXR

(Update 31/01/2563)