

FIRST MEDICAL AID FOR POISONING OF CODEINE

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The aim of our work is study the provision of first aid for poisoning codeine. Codeine (3-methylmorphine) – is an opium alkaloid, refers to the group of narcotic analgesics, used as an antitussive drug with central action. This medication has a weak narcotic (opioid) and analgesic effects that is why it also used as a component of a number of drugs: "Pentalgin", "Nurofen Plus", "Kaffetin", "Sedalgin", "Kodterpin ", "Solpadein". Very often young people for normal condition use "favorite" medicine, not knowing that they already have a drug addiction.

In the pathogenesis of codeine poisoning leading place is occupied acute respiratory failure which occurs due to oppression effect of opioids on the respiratory center. Hypoxia, tissue acidosis and increased vascular permeability lead to pulmonary edema.

In the initial stage of poisoning there may be a stimulation of the vomiting center, appearance of tonico-clonic seizures, and disruption of the cardiovascular system. In severe poisoning (toxic dose is 0,8 g) soporous and then comatose state develops, pupils narrowed sharply and fail to respond to light, the skin reddens, increases muscle tone. Later, breathing is inhibited, up to a complete stop and death.

There are basic steps for first aid for poisoning of codeine: the injured should be laid on a flat surface and give a fixed stable position (lying on your side, knees bent) order to language not sink and vomit do not fall into the respiratory tract. Need to unbutton the collar, compressive clothes. In cases when respiratory depression is developed performance an artificial respiration. Ensure the victim calm and constantly watching him (especially in the case of deliberate overdose in suicide attempt). Do not give the injured sleep, alternate hot and cold dousing. To prevent further absorption of codeine conducted repeated lavage gastric with activated charcoal (20-30 g per 1 liter of water) independently of the time elapsed since the reception of the codeine. After gastric lavage for drug binding give inside potassium permanganate 1 teaspoon every 10 minutes for 1 hour.

If possible apply antidotal therapy: enter slow intravenous 3-5 ml of 0.5 % nalorphine hydrochloride which diluted in 20 ml of saline solution. Nalorphine hydrochloride may also administer intramuscularly or subcutaneously. If necessary, the injection is repeated with intervals of 10-15 min. Total dose should not exceed 0,04 g (8 mL of 0.5 % solution).