Toxicology Case Conference  
September 11, 2025  
1:00 pm – 2:00 pm

Location: Zoom (meeting details below) & In-Person 9th floor Jacobsen Hall

Case 1:

A 64-year-old male patient with a history of coronary artery disease, hypertension and type diabetes mellitus presents to our hospital after reported exposure in the workplace. Patient reports he had been working at a canister and left the valve open accidentally for approximately 2 minutes. The workplace has detectors within 15 feet of this apparatus and none of them alarmed. Patient then went home and 8 hours later woke up with coughing up pink frothy sputum. You work at a small community Hospital with only a few resources and consultants. He gives you the contact information for his workplace safety officer who tells you that his company specializes in the manufacture and use of products derived from phosgene.

Arrival vital signs:

HR 110, BP 165/77, RR 40, SpO2 85% on room air

Things to consider about this case:

1. What are you initially going to do to stabilize this patient?
2. What labs and imaging are you going to use to help in his management?
3. What treatments are available or should be considered in the management of this patient?

Case 2:

A 15-year-old female presents to your ED with a report of shortness of breath. She has no pertinent past medical history. She arrives appearing pale, with cyanosis of her nailbeds.

Arrival vitals:

HR 100, BP 104/60 RR 22, SpO2 88% on 10L NC

On further history obtained from the patient’s mother, you discover that she has been taking tafenoquine that was prescribed to her by a “tick-borne illness specialist.” There is no personal or family history of chronic medical disease.

Things to consider about this case:

1. What tests should be ordered for this patient?
2. What is the normal treatment for the condition the patient is presenting with?
3. If the patient’s clinical status or labs worsen after treatment, what disease should be considered as a possible cause?

Journal Article

Alyaha B et al. The clinical value of screening for acetaminophen in all patients with intentional overdose or altered mental status suspected to be secondary to overdose. Frontiers in Pharmacology. 2025

Zoom Meeting Details:

Please click this URL to start or join. <https://upstate.zoom.us/j/94022814635?pwd=ZXdZOFN3OFMrN1FjWlhOTGRid3YyUT09>

    Or, go to <https://upstate.zoom.us/join> and enter meeting ID: 940 2281 4635 and password: caseconf

Join from dial-in phone line:

    Dial: +1 646 876 9923 or +1 312 626 6799

    Meeting ID: 940 2281 4635

    Participant ID: Shown after joining the meeting

    International numbers available: <https://upstate.zoom.us/u/agSuvcevx>