

# + EMERGENCY ACTION GUIDELINES

## SUSPECTED/WITNESSED/CONFIRMED EXPOSURE

Alpha-chloralose is a toxic compound currently used as a rodenticide and as an anaesthetic in laboratory animals. Restrictions on anticoagulant rodenticides have led to an increased use of alpha-chloralose, resulting in higher exposure among non-target species. At low doses, alpha-chloralose causes increased motor activity while higher doses produce characteristic CNS depression.<sup>1,2</sup>

- A provisional diagnosis can often be made based on the patient's history and clinical signs. In some cases, abdominal radiography may aid in identifying bones of ingested rodents in the gastrointestinal tract.<sup>3</sup>
- Alpha-chloralose can be detected in serum, urine, stomach contents, or directly in the bait sample (if provided).<sup>1,3,4</sup>
- The minimum lethal dose (LD) is 600-1000mg/kg bodyweight (BW) in dogs and approximately 100mg/kg BW in cats.<sup>1,3</sup>
- There is no antidote or specific treatment for alpha-chloralose poisoning. Treatment is supportive and symptomatic, and may include gut decontamination, temperature support, and anticonvulsants.<sup>3,5</sup>

### ASYMPTOMATIC

**EMESIS INDUCTION OR GASTRIC LAVAGE IS RECOMMENDED WITHIN 4 HOURS OF INGESTION.<sup>3</sup>**

#### INDUCE EMESIS UNLESS CONTRAINDICATED

**Dogs:** Emedog @ 0.1mg/kg SC  
**Cats:** alpha 2 agonist<sup>6</sup>

#### PERFORM GASTRIC LAVAGE IF EMESIS IS CONTRAINDICATED

### ADMINISTER ACTIVATED CHARCOAL (AC)<sup>3,7</sup>

ORALLY IN CONSCIOUS ANIMALS ONLY, OR VIA STOMACH TUBE UNDER GA

- Carbodote Prime:** (AC + sodium sulphate), single oral administration.
- (Refer to packaging for instructions on how much to administer).

### SUPPORTIVE CARE<sup>2,3,7</sup>

**Hypothermia:** active warming using warm IV fluids, warming blankets, heat pads, or heat lamps. Ensure even heat distribution to prevent burns.

**Hyperthermia:** may occur secondary to seizures; patients may require active cooling.

**Respiratory changes (e.g. bradypnoea):** administer oxygen therapy.

In severely affected or profoundly sedated patients:

- Oxygen therapy - intubate if necessary
- Close monitoring of vital signs: pulse, respiratory rate, blood pressure and temperature
- Consider placement of a urinary catheter
- Lubricate eyes every 4-6 hours
- Gently clean oral secretions as needed
- Rotate patient every 4 hours

### SYMPTOMATIC

#### CLINICAL SIGNS<sup>2,3,5,7</sup>

- Clinical signs typically develop within 1-2 hours and may persist for 1-3 days.
- At low doses:** ataxia, hyperactivity, salivation, tremors, and drowsiness.
- At high doses (severe cases):** hypothermia (more common in cats), respiratory changes (e.g. bradypnoea), bradycardia, weak pulse, convulsions, and coma.
- Death may occur as a consequence of respiratory failure.

#### CONTROL TREMORS<sup>2,9</sup>

- Ziapam (diazepam):** 0.5-2mg/kg IV.
- Methocarbamol:** 55-220 mg/kg, slow IV (no more than 2ml/min)<sup>8</sup> or 20-45mg/kg PO q8h (do not exceed 330mg/kg/day).

#### CONTROL SEIZURES<sup>2,5,7,9</sup> REFER TO OUR STATUS EPILEPTICUS GUIDELINE

- Ziapam (diazepam):** 0.5mg/kg IV bolus (up to 3 doses, 10 minutes apart).
- Phenobarbital:** 12mg/kg loading dose slow IV, then up to two doses of 4-6mg/kg slow IV, 20 minutes apart (care as may cause respiratory depression).
- If seizures are uncontrolled, consider the use of Levetiracetam or a third line anti-seizure medication:**
- Propofol:** 1-4mg/kg IV bolus to effect followed by CRI of 0.1-0.4mg/kg/min.
- Levetiracetam:** 30-60mg/kg IV bolus every 8 hours or CRI of 5mg/kg/hr (or higher to effect).
- Intravenous lipid emulsion therapy has not been shown to impact the progression of clinical signs.<sup>10</sup>

### RECOVERY<sup>3,4,5</sup>

- The average duration of hospitalisation is less than 48 hours, regardless of intoxication severity.
- Recovery typically occurs within 1-4 days following the onset of clinical signs.
- Prognosis is favourable with prompt treatment and close monitoring.

## + USEFUL CONTACTS

### DÔMES PHARMA

Your partner in poisoning.

**www.domespharma.co.uk** | T 0800 0385868 | E help@domespharma.com

### VETERINARY PATHOLOGY GROUP

Toxicology testing.

**www.thevpg.co.uk** | T 0113 2870175

### VETERINARY POISONS INFORMATION SERVICE (VPIS)

Dedicated poisoning information service.

**www.vpisglobal.com** | T 0207 30 55 055

### TOX BOX/ELIXIR SERVICE

Immediate access to emergency poisoning products.

**www.vpisglobal.com** | T 0207 30 55 055

## + PRODUCTS

### EMEDOG

- Veterinary licensed apomorphine for dogs
- Packs of 5 or 20 x 1ml vials, with a 4-year, unopened shelf life



### ZIAPAM

- The first veterinary licensed injectable diazepam for dogs and cats
- Packs contain 6 x 2ml vials of 5mg/ml



### DON'T FORGET ACTIVATED CHARCOAL!

- Activated charcoal helps in the adsorption of multiple undesirable substances
- Available as liquid or gel
- Take a look at our range of activated charcoals

THE  
**CARBODOTE**  
RANGE

Carbodote is a complementary feed.

THE  
**ANTI-TOX**  
RANGE  
BE PREPARED FOR POISONING

TO FIND OUT MORE ABOUT THE ANTI-TOX RANGE FROM DÔMES PHARMA,  
VISIT **WWW.DOMESPHARMA.CO.UK**

**DP** | DÔMES  
PHARMA

Carbodote is a complementary feed. **Emedog, 1 mg/ml, solution for injection for dogs** contains Apomorphine. Legal category [POM-V]. For the induction of emesis in dogs. **Ziapam 5mg/ml solution for injection for cats and dogs** contains Diazepam. Legal category [POM-V]. In cats and dogs for the short-term management for convulsive disorders and skeletal muscle spasms of central and peripheral origin. As part of a pre-anaesthetic or sedation guidelines. **Use Medicines Responsibly. www.noah.co.uk/responsible.** For further information and to view the full Summary of Product Characteristics, please contact TVM-UK Animal Health Ltd, Kirtlington Business Centre, Slade Farm, Kirtlington, Oxfordshire, UK. OX5 3JA. Tel. 0800 0385868. Email help@domespharma.com. Dômes Pharma is the trading name of TVM UK Animal Health Ltd. Prescription decisions are for the person issuing the prescription alone.

**References:** **1.** Windahl, Ulrika, et al. "Alpha-chloralose poisoning in cats in three Nordic countries-the importance of secondary poisoning." BMC Veterinary Research 18.1 (2022): 334. **2.** Alphachloralose exposure in dogs. BSAVA/VPIS Guide to Common Canine and Feline Poisons. (2017): 6. **3.** Diplovets. Alpha-chloralose poisoning in dogs and cats. **4.** Tegner, Cecilia, et al. "Alpha-chloralose poisoning in cats: clinical findings in 25 confirmed and 78 suspected cases." Journal of feline medicine and surgery 24.10 (2022). **5.** Segev, Gilad, et al. "Alpha-chloralose poisoning in dogs and cats: a retrospective study of 33 canine and 13 feline confirmed cases." The Veterinary Journal 172.1 (2006): 109-113. **6.** Harvey, Andrea, et al. BSAVA Manual of Feline Practice. Gloucester: British Small Animal Veterinary Association (2013): 139. **7.** El-Bahri, Lotfi. "Canine chloralose toxicosis case." (2020): 6-6. **8.** DeClementi, Camille. "Prevention and treatment of poisoning." Veterinary Toxicology, Academic Press (2018): 1141-1159. **9.** Allerton, Fergus. Small Animal Formulary, 11th Edition Part A: Canine and Feline. British Small Animal Veterinary Association (2023). **10.** Lundgren, Sandra, et al. "Alpha-chloralose poisoning in 25 cats: clinical picture and evaluation of treatment with intravenous lipid emulsion." Journal of Feline Medicine and Surgery 26.4 (2024).