Digoxin Toxicity Checklist for Action:



Digoxin Toxicity Risk Factors

Early recognition of potentially life-threatening digoxin toxicity may result in improved treatment outcomes^{1,2}

Signs and Symptoms

Neurologic^{1,3,4} □ Decreased renal function^{1,5,8,9} ☐ Multiple concomitant medications, 9 including: Altered mental status Confusion □ Diuretics^{3,5} Delirium ☐ Antiarrhythmics (e.g., amiodarone, quinidine)^{1,8} Cardiac⁴⁻⁶ □ Antibiotics (e.g., macrolides)³ Digoxin toxicity can cause almost any dysrhythmia or □ Calcium channel blockers⁸ conduction abnormality3 Ventricular dysrhythmias □ Beta blockers⁸ Second- or third-degree heart block □ Advanced age and medical illness (e.g., heart failure, diminished renal function)5,6,9,10 Premature ventricular contractions ☐ Electrolyte imbalance (e.g., hypokalemia, Gastrointestinal^{1,7} hypercalcemia, hypomagnesemia)1,8 □ Nausea □ Fluid loss or poor fluid intake^{1,8} Vomiting Diarrhea □ Abdominal pain Signs and symptoms of digoxin toxicity Renal¹ are often nonspecific. If your patient is exhibiting signs of □ Renal impairment digoxin toxicity, running a serum digoxin Laboratory⁵ level can help support a diagnosis.3 Hyperkalemia Severely elevated serum digoxin concentrations

Any one of the above may indicate the need for IMMEDIATE INTERVENTION with DIGIFab1,5,11



Scan or click to learn more about proper dosing of DIGIFab, THE antidote for digoxin toxicity.

INDICATIONS AND USAGE

DIGIFab is indicated for the treatment of patients with life-threatening or potentially life-threatening digoxin toxicity or overdose, including:

- Known suicidal or accidental consumption of fatal doses of digoxin: 10 mg or more of digoxin in healthy adults, or 4 mg (or more than 0.1 mg/kg) in healthy children, or ingestion of an amount that can cause steady-state serum concentrations of ≥10 ng/mL;
- Chronic ingestions causing steady-state serum digoxin concentrations >6 ng/mL in adults or 4 ng/mL in children;
- Manifestations of life-threatening toxicity of digoxin overdose such as severe ventricular arrhythmias, progressive bradycardia, and second or third degree heart block not responsive to atropine, serum potassium levels exceeding 5.5 mEq/L in adults or 6 mEq/L in children with rapidly progressive signs and symptoms of digoxin toxicity.