

2013 Medical Toxicology LLSA Reading List

The primary goal of LLSA is to promote continuous learning by diplomates. The Medical Toxicology Subboard facilitates this learning by identifying a set of LLSA readings every other year to guide diplomates in self-study of recent Medical Toxicology literature. The readings are designed as study tools and should be read critically. They are not intended to be all-inclusive and are not meant to define the standard of care for the practicing medical toxicologist. The Medical Toxicology Subboard does not endorse a specific research finding or treatment modality--including off-label use of medications--by virtue of its being the subject of a selected LLSA reading. Likewise, the Subboard is mindful of the potential for real or perceived conflicts of interest in professional literature and makes a conscious effort to account for this in its LLSA reading selections.

One criterion for choosing articles is that they be easily available from a variety of sources, such as common medical texts, libraries, and Internet websites. Whenever possible, ABEM provides online links to publishers' websites or to the readings themselves. Accessibility and fees are at the discretion of the publisher, and are not related to ABEM in any way. All questions regarding fees or login information required to access the readings should be directed to the publisher or organization that published the article.

Selections from Principles of Toxicology

From the Core Content of Medical Toxicology

Content Area 1.0 Principles of Toxicology

Papafotiou K, Carter JD, Stough C. The relationship between performance on the standardised field sobriety tests, driving performance and the level of Delta9-tetrahydrocannabinol (THC) in blood. *Forensic Sci Int.* 2005;155(2-3):172-178.

Content Area 3.0 Therapeutics

Bania TC. Intravenous fat emulsions. In: Nelson LS, Lewin NA, Howland MA, Hoffman RS, Goldfrank LR, Flomenbaum NE, eds. *Goldfrank's Toxicologic Emergencies*. 9th ed. New York, NY: McGraw Hill; 2011:976-981.

Hoffman RS. Prussian blue. In: Nelson LS, Lewin NA, Howland MA, Hoffman RS, Goldfrank LR, Flomenbaum NE, eds. *Goldfrank's Toxicologic Emergencies*. 9th ed. New York, NY: McGraw Hill; 2011:1334-1338.

Hoffman RS. Treatment of patients with cocaine-induced arrhythmias: bringing the bench to the bedside. *Br J Clin Pharmacol.* 2010;69(5):448-457.

Lepik KJ, Levy AR, Sobolev BG, et al. Adverse drug events associated with the antidotes for methanol and ethylene glycol poisoning: a comparison of ethanol and fomepizole. *Ann Emerg Med.* 2009;53(4):439-450.

Yarema MC, Johnson DW, Berlin RJ, et al. Comparison of the 20-hour intravenous and 72-hour oral acetylcysteine protocols for the treatment of acute acetaminophen poisoning. *Ann Emerg Med.* 2009;54(4):606-614.

Selections from Remaining Content Areas

From the Core Content of Medical Toxicology

Delk C, Holstege CP, Brady WJ. Electrocardiographic abnormalities associated with poisoning. *Am J Emerg Med.* 2007;25(6):672-687.

Frishman WH, Del Vecchio A, Sanal S, Ismail A. Cardiovascular manifestations of substance abuse part 2: alcohol, amphetamines, heroin, cannabis, and caffeine. *Heart Dis.* 2003;5(4):253-271.

Ganetsky M, Babu KM, Salhanick SD, Brown RS, Boyer EW. [Dabigatran: review of pharmacology and management of bleeding complications of this novel oral anticoagulant.](#) *J Med Toxicol.* 2011;7(4):281-287.

Jaffee WB, Trucco E, Levy S, Weiss RD. Is this urine really negative? a systematic review of tampering methods in urine drug screening and testing. *J Subst Abuse Treat.* 2007;33(1):33-42.

Prosser JM, Smith SW, Rhim ES, Olsen D, Nelson LS, Hoffman RS. Inaccuracy of ECG interpretations reported to the poison center. *Ann Emerg Med.* 2011;57(2):122-127.

Watkins PB, Kaplowitz N, Slattery JT, et al. [Aminotransferase elevations in healthy adults receiving 4 grams of acetaminophen daily: a randomized controlled trial.](#) *JAMA.* 2006;296(1):87-93.