CONDITION

Fenoprofen calcium overdose

Fenoprofen calcium overdose is poisoning caused by taking more of this anti-inflammatory medicine than the body can safely handle.

WHAT IT IS
Poisoning from too much fenoprofen calcium

BODY SYSTEM
Digestive system, kidneys, brain, heart, and circulation

MAIN SYMPTOMS
Nausea, stomach pain, drowsiness, vomiting

WHAT CAUSES IT
Taking more fenoprofen than the body can safely handle

HOW IT IS DIAGNOSED
Exposure history, examination, blood tests, and urine tests

MAIN TREATMENT
Supportive hospital care and monitoring

CAN IT BE CURED?
Yes - most recover with supportive care

IS IT AN EMERGENCY?
Yes - any suspected overdose needs immediate poison advice

LONG-TERM OUTLOOK
Usually full recovery; severe poisoning may cause lasting organ damage

Overview

Fenoprofen is a nonsteroidal anti-inflammatory drug like ibuprofen or naproxen , or NSAID. It is used to reduce pain and inflammation. "Calcium" describes the form of the medicine; fenoprofen calcium is not a calcium supplement.

An overdose happens when someone takes more fenoprofen than their body can safely process. This may be a large amount taken at once, repeated extra doses, or fenoprofen taken with other NSAIDs. Examples of other NSAIDs include ibuprofen, naproxen, diclofenac, and aspirin used for pain.

Fenoprofen lowers substances called prostaglandins. These substances help produce pain and inflammation, but they also protect the stomach lining and support blood flow through the kidneys. Too much fenoprofen can therefore affect the stomach and intestines, kidneys, brain,

breathing, and circulation.

Many overdoses cause mild or temporary symptoms. Large overdoses can cause internal bleeding, kidney injury, seizures, breathing problems, or loss of consciousness. You cannot judge the risk from symptoms alone because serious effects may not be obvious at first.

Any suspected overdose needs immediate advice from a poison centre or emergency medical service. Do not wait for symptoms to develop.

Symptoms

Symptoms often involve the digestive system or brain. They may begin within several hours, although the timing can be affected by the amount taken, other medicines, and the person's health.

Common early symptoms include:

More serious poisoning may cause vomiting of blood, black or tar-like bowel movements, very little urine, severe confusion, or fainting. A person may also develop low blood pressure, seizures, slow or difficult breathing, or coma.

Kidney injury may not cause clear symptoms at first. Later signs can include reduced urination, swelling, weakness, or shortness of breath. Blood tests are often needed to detect it.

Not everyone develops symptoms. Feeling well soon after taking too much does not show that the overdose is harmless.

- Nausea, vomiting, or stomach pain
- Heartburn or indigestion
- Dizziness, headache, or ringing in the ears
- Drowsiness, unusual tiredness, or confusion

Causes and risk factors

The direct cause is taking more fenoprofen than the body can safely handle. This can happen through a dosing mistake, confusion between medicine containers, or taking another dose because the first one was forgotten.

Risk also increases when several products containing NSAIDs are used together. Cold, flu, headache, and menstrual-pain products may contain an NSAID, so checking the active ingredients is important.

An overdose may be more harmful in someone who is dehydrated or already has kidney disease, heart disease, liver disease, or a history of stomach ulcers or digestive bleeding. Older adults may also be more vulnerable to kidney, stomach, and circulation problems.

Other medicines can affect the seriousness of an overdose. These include medicines that reduce blood clotting, certain blood pressure medicines, diuretics or "water tablets like furosemide or hydrochlorothiazide ," and other drugs that affect the kidneys. Alcohol may increase irritation and bleeding in the stomach.

Some overdoses are intentional. An intentional overdose needs emergency medical and mental health assessment, even if the person feels well or later regrets taking the medicine.

Diagnosis

There is no routine blood test that confirms a fenoprofen overdose or accurately predicts its severity. Diagnosis is mainly based on what was taken, how much may have been taken, when it happened, symptoms, and examination findings.

If possible, bring the medicine container or a clear photograph of its label. Information about missing tablets, prescription strength, other medicines, alcohol, and the person's usual health can help the medical team assess risk. An uncertain amount should not delay getting help.

Blood and urine tests may be used to check:

An electrocardiogram, or ECG, may be performed to check the heart rhythm, particularly after a large or mixed overdose. Testing for other substances may be needed if it is unclear what was taken.

- Kidney function and electrolyte levels
- The blood's acid-base balance
- Red blood cell levels if bleeding is possible
- Liver function in significant poisoning
- Urine production and signs of kidney injury

Treatment and management

There is no specific antidote that reverses fenoprofen. Treatment supports the body while the medicine is absorbed, broken down, and removed.

A poison centre can assess the likely risk and advise whether monitoring at home is

appropriate or an emergency department assessment is needed. Do not make this decision from an online dose calculation.

In hospital, care may include monitoring of breathing, blood pressure, heart rate, alertness, urine output, and blood test results. Intravenous fluids may be given when dehydration or low blood pressure is present. Other treatment can control vomiting, seizures, severe stomach irritation, or digestive bleeding.

Activated charcoal may be considered soon after a significant overdose. It binds some medicine in the digestive tract. It is not suitable for every person and can enter the lungs if someone is drowsy or vomiting. It should only be used when a poison specialist or medical team recommends it.

Fenoprofen is strongly attached to proteins in the blood. For this reason, haemodialysis does not remove much of the drug itself. Dialysis may still be used to support someone who develops severe kidney failure, dangerous electrolyte changes, or persistent acid imbalance.

Do not induce vomiting. Do not try to neutralize the medicine with calcium, antacids, milk, or another home remedy. These measures do not reverse the overdose and may delay effective care.

Complications

Most mild overdoses resolve without complications. Serious effects are more likely after a large amount, a mixed overdose, or poisoning in someone with important underlying health problems.

Possible complications include:

Digestive bleeding may appear as red or coffee-ground-like vomit, black bowel movements, weakness, or faintness. Kidney injury can develop even without pain.

Severe poisoning can be life-threatening, but this is not the usual outcome. Prompt assessment allows complications to be detected and treated early.

- Bleeding, ulcers, or rarely a hole in the stomach or intestine
- Acute kidney injury, meaning a sudden loss of kidney function
- Acid buildup in the blood, called metabolic acidosis
- Low blood pressure and reduced blood flow to organs
- Seizures, severe drowsiness, coma, or breathing failure
- Aspiration, when vomit enters the lungs

Prevention

Fenoprofen overdose is often preventable. Take it only as directed on the prescription label. Do not take an extra dose to make up for one that was missed unless a pharmacist or prescriber has specifically told you to do so.

Check the active ingredients in pain, cold, and flu products. Avoid combining fenoprofen with another NSAID unless a healthcare professional has reviewed the combination.

Keep medicines in their original labelled containers. Store them out of sight and reach of children and away from anyone who may take them accidentally. Child-resistant packaging reduces risk but is not completely childproof.

A written medicine list, phone reminder, or clearly organized dose record can help prevent repeated doses. If using a pill organizer, keep the original container available so the medicine and strength can be identified.

If there is concern that someone may use medicines for self-harm, secure storage and prompt mental health support can reduce immediate risk. Dispose of unused fenoprofen through a pharmacy or local medicine take-back program where available.

Living with it and what to expect

Fenoprofen overdose is usually a single acute event rather than a long-term condition. People with mild poisoning who remain stable during the recommended monitoring period often recover as the drug leaves the body.

Nausea, stomach discomfort, dizziness, or tiredness may improve over hours to a few days. Recovery can take longer if there has been digestive bleeding, dehydration, or kidney injury.

Kidney function may need repeat blood tests after discharge. Mild acute kidney injury can improve, but recovery may take days or weeks. Severe injury can sometimes leave lasting loss of kidney function, although this is not the expected course after a minor overdose.

Do not restart fenoprofen or replace it with another NSAID until a healthcare professional has reviewed what happened. A different pain treatment may be safer if the overdose caused kidney injury, an ulcer, or bleeding.

After an accidental dosing error, follow-up can focus on simplifying medicine use and preventing another mistake. After an intentional overdose, ongoing mental health care is an important part of recovery. Most people can return to their usual activities once symptoms and test results have resolved, but the timing should reflect the complications they experienced.

When to get medical help

Contact a poison centre immediately if you or someone else may have taken more fenoprofen than directed. Call even if there are no symptoms. In the United States, Poison Help is available at 1-800-222-1222 . Elsewhere, contact the local poison information service or emergency medical service.

Call emergency services now if the person:

Do not leave an unconscious or severely drowsy person alone. Place them on their side if they are breathing and it is safe to do so. Do not give anything by mouth.

Routine follow-up is different from emergency care. After discharge, arrange recommended blood tests or appointments to check kidney function, bleeding, or persistent stomach symptoms. Seek earlier review if urination decreases, vomiting continues, swelling develops, or symptoms return.

- Has collapsed, fainted, or cannot be awakened
- Has a seizure, severe confusion, or unusual behaviour
- Is breathing slowly, struggling to breathe, or turning blue
- Vomits blood or passes black, tar-like bowel movements
- Has severe or worsening abdominal pain
- Took the medicine intentionally or may also have taken other substances

Common questions

How much fenoprofen causes an overdose?

There is no single amount that is safe for everyone or certain to cause serious poisoning. Risk is affected by the tablet strength, amount taken, body size, age, kidney function, dehydration, other medicines, and time since the dose. A poison centre should assess the actual situation.

What if I took one extra dose by mistake?

Do not take another dose until you have received appropriate advice. Check the label, note the strength and time taken, and contact a pharmacist or poison centre. One dosing error may not cause serious harm, but personal risk cannot be judged from the number of tablets alone.

Can I go to sleep if I feel fine?

Get poison-centre advice first. Drowsiness can be a symptom of poisoning, and some complications are not immediately noticeable. If someone is unusually sleepy, difficult to wake,

confused, or breathing abnormally, call emergency services.

How long does a fenoprofen overdose last?

Mild symptoms may settle within hours to a few days. Kidney injury, digestive bleeding, or complications from a large or mixed overdose can take longer to resolve. Monitoring time is based on the amount taken, symptoms, test results, and other health conditions.

Does the calcium in fenoprofen protect the stomach?

No. "Fenoprofen calcium" is the chemical form used in the medicine. It does not act as a calcium supplement and does not protect against stomach irritation, ulcers, or bleeding.

Can dialysis remove fenoprofen?

Dialysis removes little fenoprofen because most of the drug is attached to proteins in the blood. It may still be needed if poisoning causes severe kidney failure or dangerous changes in blood chemistry.

Sources

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