Choc Tox in Dogs Cheat Sheet

Rule of Thumb: the darker & more bitter the chocolate, the more toxic it may be!



Theobromine + Caffeine = Methylxanthines

Quick Toxic Dose Intervals for Methylxanthine

~20 mg/kg PO



~40 mg/kg PO



~60 mg/kg PO



> 40 to 45 mg/kg PO considered life-threatening

Clinical Signs

(onset ~1 to 4 hr, up to ~24 hr)

Vomiting, diarrhea, polyuria, polydipsia, hyperactivity, cardiotoxicity, tremors, seizures, etc.



See the Vetpocket app for our amazing Chocolate Toxicity, Fluid Therapy, and Blood Gas Calculators + Reference Material!



Treatment Guidelines

TREAT LIFE-THREATENING CLINICAL SIGNS FIRST

Decontamination:

- If early enough, up to ~8 hours following ingestion, if asymptomatic, and if not contraindicated: apomorphine 0.01 to 0.04 mg/kg IV, SC, IM, or 0.25 mg/kg PO, or 6.25 mg tablet subconjunctivally followed by sterile saline ocular lavage post emesis.
- If not contraindicated: activated charcoal 1 to 3 g/kg PO ONCE WITH SORBITOL, can repeat WITHOUT SORBITOL at ½ of the 1st dose q ~8 hr for 24 to 48 hr (enterohepatic recirculation). MONITOR FOR HYPERNATREMIA, BENEFIT MUST OUTWEIGH RISK.
- · Rarely indicated: gastric lavage.

Supportive Care Considerations:

- IV fluid therapy (balanced electrolyte crystalloid) to help maintain perfusion, hydration, correct electrolyte disturbances, and for diuresis. MONITOR FOR FLUID OVERLOAD.
- Frequent walks (q ~4 hr) or urinary catheter placement to help eliminate urine (methylxanthine reabsorbs through the urinary bladder wall).

Symptomatic Care Considerations:

- · Monitor and treat: vomiting, hyperactivity, cardiac arrhythmias, tremors, seizures, hyperthermia, etc. See the Vetpocket app for treatment guidelines.
- Potential complications: aspiration pneumonia, pancreatitis, hyperalycemia, electrolyte disturbances, acid-base disturbances, etc. Particular caution with diabetes mellitus. Methylxanthines are excreted in milk and cross placenta.

Hospitalization Time:

~12 to 24 hr, up to ~72 hr with severe cases.

