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| \*This is NOT an order set. All recommendations must be reviewed and verified by MRP | | |
| **DATE:** | **TIME:** | **Call Made by**: |
| **Name of Poison Specialist**: | | **Priority Queue (criteria in Appendix)** |

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| **Patient Information**: To be completed prior to calling the OPC. Have ready to discuss with the Poison Specialist. | | | | | |
| **Patient Name:** | | **Weight:** | | **Time of Exposure:** | |
| **Date of Birth:** | | **Health Card #:** | | **Gender:** | |
| **Vital Signs:** | | | | | |
| **Temp:** | **HR:** | | **RR:** | | **BP**: |
| **O2 Sat:** | **GCS:** | | **Pupils:** | | **Glucose:** |

|  |  |
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| **Substances Involved:** (Name of product, ingredient, Strength/Concentration, Amount exposed, Route of exposure or area contaminated) | |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

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| **Patient Presentation:** | | | |
| **GI** | **CNS** | **Cardiac** | **Other** |
| Nausea | Sedation | QRS Duration: | Skin Irritation |
| Vomiting | Coma | QTC Duration: | Burns |
| Diarrhea | Confusion | Other: | Ocular Irritation |
| Oral Irritation | Tremors |  | Cough/Dyspnea |
| Throat Irritation | Seizures |  |  |
|  | Headache |  |  |
|  | Hallucinations |  |  |
|  | Inebriation |  |  |

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| Other: Describe |
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| Treatments Initiated by ER/Nursing Station/EMS | | | |
| Charcoal | Oral/Nasal Airway | Other: | Other: |
| Labs | Naloxone | Other: | Other: |
| IV Fluid | Other: | Other: | Other: |

**Recommendations from Poison Specialist to be reviewed and verified by MRP**

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| **Identified Priorities** – Signs + Symptoms | | | |
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| **LABS:** | | **Drug Levels:** | | |
| Blood Gas | BUN | Acetaminophen | | 4 Hours Post Ingestion, then Q \_\_\_\_\_\_\_\_\_\_\_H |
| Lactate | SCR | Aspirin | | Repeat Q2H post ingestion until final level <2.2 mmol/L |
| Na, K, Cl, HCO3 | AST | Carbamazepine | | Repeat Q \_\_\_\_ H until peak and fall x 2 |
| Mg, Ca, PO4 | ALT | Digoxin | | Repeat Q \_\_\_\_ H until peak and fall x 2\*Pre-DigiFab® |
| Glucose | Bilirubin | Lithium | | Repeat Q \_\_\_\_ H until peak and fall x 2 |
| Serum Osmolality | Lipase | Phenytoin | | Repeat Q \_\_\_\_ H until peak and fall x 2 |
| Ammonia | CPK | Serum Iron | | 4-6 Hour Post Ingestion, then Q \_\_\_\_ H |
| Other | Other | Valproic Acid | | Repeat Q \_\_\_\_ H until peak and fall x 2 |
| **Alcohols:** | | | | |
| EtOH | | | Isopropyl Alcohol and Acetone | |
| Ethylene Glycol | | | Methanol | |

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| **Treatment Recommendations:** | | | | | |
| Single Dose Activated Charcoal | | | **NO Activated Charcoal** | | |
| Continuous Cardiac Monitoring | | Baseline ECG | | Serial ECG’s | |
| QRS >100 msecs: 1-2 meq/kg bicarb as a bolus. Monitor blood gas to keep pH <7.55 \* See Patient Resource Sheet | | | | | |
| QTC > 500 msecs: ensure magnesium, potassium, calcium are within the normal to high range. \* See Patient Resource Sheet | | | | | |
| Naloxone for respiratory depression. Monitor for 6 hours post last dose | | | | | |
| Benzodiazepines for seizures and agitation. Phenobarbital/ Propofol for persistent seizures \*See Patient Resource Sheet | | | | | |
| High Dose Insulin Euglycemia. \*See Patient Resource Sheet | | | | | |
| Urine Alkalinization \*See Patient Resource Sheet | | | | | |
| With Toxicologist Suggest: | | Fomepizole | Leucovorin | Thiamine | Pyridoxine |
| DigiFab® | Physostigmine | Cyproheptadine | Deferoxamine | Intralipids | ECMO |
| Whole Bowel Irrigation | | Multi Dose Charcoal | |  | |

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| **Acetaminophen /** *n a*cetylcysteine (NAC) Specific Information | |
| Labs per Patient Investigations Resource Sheet |  |
| Start 3% NAC Preparation Typical Dosing | Loading Dose: 2 mL/kg/hr (to a maximum of 200 mL/hr) x 4 hours  Maintenance Dose: 0.2 mL/kg/hr (Maximum of 20 mL/hr) until stopping rules met |
| Start 3% NAC Preparation High Risk Dosing | Loading Dose: 60 mg/kg/hr (to a maximum of 6000 mg) of 3% *NAC* x 4 hours  Maintenance Dose: 12 mg/kg/hr (Maximum of 1200 mg/hr until stopping rules met |

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| **Monitoring Period/Other Notes:** |

**OPC attempts follow up, but priority is given to incoming calls. Please call back if the patient deteriorates or if any concerns/questions**.

**Appendix**

**Priority Queue Criteria:**

The priority queue is intended for emergent patients **who have had an exposure**, and one of the following:

1. Are pre-arrest
2. Have arrested
3. Are seizing continuously
4. Have chemical burns >25% body surface area
5. Potentially require immediate, unusual antidote treatment for a highly toxic substance as their clinical condition is or could become unstable

**OR** where there are multiple patients with the same exposure overwhelming your hospital capacity.