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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 hoursMaintenance 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 hoursMaintenance 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.