

# Poison Centre Consultation Form

Patient Care Resources are available at [ontariopoisoncentre.ca](http://ontariopoisoncentre.ca) → Health-Care Professionals → Patient Care Resources

**\*This is NOT an order set. All recommendations must be reviewed and verified by MRP**

<b>DATE:</b>	<b>TIME:</b>	<b>Call Made by:</b>
<b>Name of Poison Specialist:</b>		<b>Priority Queue (criteria in Appendix) <input type="checkbox"/></b>

**Patient Information:** To be completed prior to calling the OPC. Have ready to discuss with the Poison Specialist.

<b>Patient Name:</b>	<b>Weight:</b>	<b>Time of Exposure:</b>	
<b>Date of Birth:</b>	<b>Health Card #:</b>	<b>Gender:</b>	
<b>Vital Signs:</b>			
<b>Temp:</b>	<b>HR:</b>	<b>RR:</b>	<b>BP:</b>
<b>O2 Sat:</b>	<b>GCS:</b>	<b>Pupils:</b>	<b>Glucose:</b>

**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.

**Patient Presentation:**

GI	CNS	Cardiac	Other
<input type="checkbox"/> Nausea	<input type="checkbox"/> Sedation	QRS Duration:	<input type="checkbox"/> Skin Irritation
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Coma	QTC Duration:	<input type="checkbox"/> Burns
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Confusion	<input type="checkbox"/> Other:	<input type="checkbox"/> Ocular Irritation
<input type="checkbox"/> Oral Irritation	<input type="checkbox"/> Tremors		<input type="checkbox"/> Cough/Dyspnea
<input type="checkbox"/> Throat Irritation	<input type="checkbox"/> Seizures		
	<input type="checkbox"/> Headache		
	<input type="checkbox"/> Hallucinations		
	<input type="checkbox"/> Inebriation		

**Other: Describe**


**Treatments Initiated by ER/Nursing Station/EMS**

<input type="checkbox"/> Charcoal	<input type="checkbox"/> Oral/Nasal Airway	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Labs	<input type="checkbox"/> Naloxone	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> IV Fluid	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

# Poison Centre Consultation Form

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

Identified Priorities – Signs + Symptoms			

LABS:		Drug Levels:	
<input type="checkbox"/> Blood Gas	<input type="checkbox"/> BUN	<input type="checkbox"/> Acetaminophen	4 Hours Post Ingestion, then Q _____ H
<input type="checkbox"/> Lactate	<input type="checkbox"/> SCR	<input type="checkbox"/> Aspirin	Repeat Q2H post ingestion until final level <2.2 mmol/L
<input type="checkbox"/> Na, K, Cl, HCO <sub>3</sub>	<input type="checkbox"/> AST	<input type="checkbox"/> Carbamazepine	Repeat Q _____ H until peak and fall x 2
<input type="checkbox"/> Mg, Ca, PO <sub>4</sub>	<input type="checkbox"/> ALT	<input type="checkbox"/> Digoxin	Repeat Q _____ H until peak and fall x 2*Pre-DigiFab®
<input type="checkbox"/> Glucose	<input type="checkbox"/> INR	<input type="checkbox"/> Lithium	Repeat Q _____ H until peak and fall x 2
<input type="checkbox"/> Serum Osmolality	<input type="checkbox"/> Lipase	<input type="checkbox"/> Phenytoin	Repeat Q _____ H until peak and fall x 2
<input type="checkbox"/> Ammonia	<input type="checkbox"/> CPK	<input type="checkbox"/> Serum Iron	4-6 Hour Post Ingestion, then Q _____ H
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Valproic Acid	Repeat Q _____ H until peak and fall x 2
Alcohols:			
<input type="checkbox"/> EtOH		<input type="checkbox"/> Isopropyl Alcohol and Acetone	
<input type="checkbox"/> Ethylene Glycol		<input type="checkbox"/> Methanol	

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

Acetaminophen / IV acetylcysteine (NAC) Specific Information	
<input type="checkbox"/> Labs per Patient Investigations Resource Sheet	*Max weight for calculation is 100 kg
<input type="checkbox"/> Start 3% NAC Preparation Dosing	Loading Dose: 150 mg/kg (5mL/kg) over 1 hour
*Expired NAC may be used	Maintenance Dose: 15 mg/kg/hour (0.5 mL/kg/hour) until stopping criteria met

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.

# Poison Centre Consultation Form

## 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.