Poison Centre Consultation Form

Patient Care Resources are available at ontariopoisoncentre.ca → Health-Care Professionals → Patient Care Resources

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>Call Made by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Name of Poison Specialist: Priority Queue (criteria in Appendix)

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

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Weight:</th>
<th>Time of Exposure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Health Card #:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Vital Signs:

<table>
<thead>
<tr>
<th>Temp:</th>
<th>HR:</th>
<th>RR:</th>
<th>BP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>O₂ Sat:</th>
<th>GCS:</th>
<th>Pupils:</th>
<th>Glucose:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Substances Involved: (Name of product, ingredient, Strength/Concentration, Amount exposed, Route of exposure or area contaminated)

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  

Patient Presentation:

<table>
<thead>
<tr>
<th>GI</th>
<th>CNS</th>
<th>Cardiac</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>Sedation</td>
<td>QRS Duration</td>
<td>Skin Irritation</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Coma</td>
<td>QTC Duration</td>
<td>Burns</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Confusion</td>
<td>Other:</td>
<td>Ocular Irritation</td>
</tr>
<tr>
<td>Oral Irritation</td>
<td>Tremors</td>
<td>Other:</td>
<td>Cough/Dyspnea</td>
</tr>
<tr>
<td>Throat Irritation</td>
<td>Seizures</td>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hallucinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inebriation</td>
<td></td>
</tr>
</tbody>
</table>

Other: Describe

<table>
<thead>
<tr>
<th>Treatments Initiated by ER/Nursing Station/EMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charcoal</td>
</tr>
<tr>
<td>Labs</td>
</tr>
<tr>
<td>IV Fluid</td>
</tr>
</tbody>
</table>
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Recommendations from Poison Specialist to be reviewed and verified by MRP

 Identified Priorities – Signs + Symptoms

LABS:

- 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
- Phenytoin
  - Repeat Q____H until peak and fall x 2
- Serum Osmolality
- Lipase
- 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
- Ethylene Glycol
- Isopropyl Alcohol and Acetone
- Methanol

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 Alkalization *See Patient Resource Sheet

With Toxicologist Suggest:

- Fomepizole
- Leucovorin
- Thiamine
- Pyridoxine
- Physostigmine
- Cyproheptadine
- Deferoxamine
- Intralipids
- ECMO
- Whole Bowel Irrigation
- Multi Dose Charcoal

Acetaminophen / n acetylcysteine (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

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.