

Poison Centre Consultation Form

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

*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) □							
Patient Information: To be completed prior to calling the OPC. Have ready to discuss with the Poison Specialist.											
Patient Name: Weight:				Time of Exposure:							
ratient Name.		weight.	'		Tillie Oi	Time of Exposure.					
Date of Birth:	Health Card #:			Gender:							
Vital Signs:											
Temp:	HR:			RR:		BP:					
O2 Sat:	GCS:			Pupils:		Glucose:					
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:											
	CNS		Cardiac		Ot	Other					
□Nausea	☐ Sedation		QRS Duration:			☐ Skin Irritation					
	☐ Coma		QTC Duration:			□ Burns					
	☐ Confusion		☐ Other:			Ocular Irritation					
☐ Oral Irritation	☐ Tremors					Cough/Dyspnea					
☐ Throat Irritation	☐ Seizures										
1	☐ Headache										
1	☐ Hallucinations										
1	☐ Inebriation										
Other: Describe											
-											
Treatments Initiated by ER/Nursing Station/EMS											
	☐ Oral/Nasal Airway		☐ Other:			☐ Other:					
	☐ Naloxone		☐ Other:		☐ Other:						
				☐ Other:		☐ Other:					



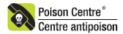
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Recommendations from Poison Specialist to be reviewed and verified by MRP

Identified Priorities – Signs + Symptoms										
LABS:		Drug Levels:								
☐ Blood Gas	□ BUN	☐ Acetaminophen		4 Hours Post In	4 Hours Post Ingestion, then QH					
☐ Lactate	□ SCR	☐ Asp	irin	Repeat Q2H po	Repeat Q2H post ingestion until final level <2.2 mmol/L					
☐ Na, K, Cl, HCO₃	☐ AST	☐ Carl	pamazepine	Repeat Q	Repeat Q H until peak and fall x 2					
☐ Mg, Ca, PO₄	□ ALT	☐ Digoxin		Repeat Q	Repeat Q H until peak and fall x 2*Pre-DigiFab®					
☐ Glucose	□INR	☐ Lith	ium	Repeat Q	Repeat Q H until peak and fall x 2					
☐ Serum Osmolality	□ Lipase	☐ Phenytoin		Repeat Q	epeat Q H until peak and fall x 2					
☐ Ammonia	□ СРК	☐ Serum Iron		4-6 Hour Post Inge	4-6 Hour Post Ingestion, then Q H					
☐ Other	☐ Other	☐ Valproic Acid		Repeat Q	Repeat Q H until peak and fall x 2					
Alcohols:										
□ EtOH				☐ Isopropyl Alcohol and Acetone						
☐ Ethylene Glycol				☐ Methanol						
Treatment Recomme	ndations:									
☐ Single Dose Activat	ed Charcoal			☐ NO Activated Charcoal						
☐ Continuous Cardiac Monitoring			eline ECG							
☐ 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 ☐		roheptadine	☐ Deferoxamine	☐ Intralipids	□ ЕСМО				
☐ Whole Bowel Irrigation ☐ Mul		ti Dose Charco	oal							
Acetaminophen / n acetylcysteine (NAC) Specific Information										
☐ Labs per Patient Investigations Resource Sheet										
7,			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							
*Expired NAC may be used Maintenance Dose: 0.2 mL/kg/hr (Maximum of 20 mL/hr) until stopping rules 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.

Ontario Poison Centre: 1-800-268-9017 | Nunavut Poison Centre: 1-866-913-7897 2 of 2



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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.