

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

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

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:

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 ₃	<input type="checkbox"/> AST	<input type="checkbox"/> Carbamazepine	Repeat Q ____ H until peak and fall x 2
<input type="checkbox"/> Mg, Ca, PO ₄	<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"/> NO Activated Charcoal		
<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 / n acetylcysteine (NAC) Specific Information	
<input type="checkbox"/> Labs per Patient Investigations Resource Sheet	
<input type="checkbox"/> Start 3% NAC Preparation Typical Dosing *Expired NAC may be used	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

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.