

Poison Centre Consultation Form

Patient Care Resources are available at manitobapoison.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) 🛛		

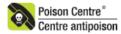
Patient Information: To be completed prior to calling the OPC. Have ready to discuss with the Poison Specialist.					
Patient Name:		Weight:		Time of Exposure:	
Date of Birth: Health Card #:			Gender:		
Vital Signs:					
Temp:	HR:		RR:		BP:
O2 Sat:	GCS:		Pupils:		Glucose:

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		
□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				

Other: Describe	

Treatments Initiated by ER/Nursing Station/EMS					
□Charcoal	🗆 Oral/Nasal Airway	🗆 Other:	🗆 Other:		
🗆 Labs	🗆 Naloxone	□ Other:	□ Other:		
🗆 IV Fluid	□ Other:	□ Other:	□ Other:		



Poison Centre Consultation Form

Recommendations from Poison Specialist to be reviewed and verified by MRP

Identified Priorities – Signs + Symptoms				

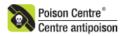
LABS:		Drug Levels:			
Blood Gas	🗆 BUN	□ Acetaminophen	4 Hours Post Ingestion, then QH		
🗆 Lactate	□ SCR	🗆 Aspirin	Repeat Q2H post ingestion until final level <2.2 mmol/L		
□ Na, K, Cl, HCO₃	□ AST	Carbamazepine	Repeat Q H until peak and fall x 2		
□ Mg, Ca, PO₄	🗆 ALT	🗆 Digoxin	Repeat Q H until peak and fall x 2*Pre-DigiFab®		
□ Glucose		🗆 Lithium	Repeat Q H until peak and fall x 2		
□ Serum Osmolality	🗆 Lipase	Phenytoin	Repeat Q H until peak and fall x 2		
🗆 Ammonia	🗆 СРК	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		

Treatment Recomm	nendations:					
□ Single Dose Activated Charcoal □ NO Activated C			harcoal			
🗆 Continuous Card	iac Monitoring	□ Baseline ECG		□ Serial ECG's	Serial ECG's	
□ QRS >100 msecs	: 1-2 meq/kg bicarb a	is a bolus. Monitor blo	od gas to keep pH <	7.55 * See Patient Reso	urce Sheet	
□ QTC > 500 msecs	s: ensure magnesium	, potassium, calcium a	re within the norma	al to high range. * See	Patient Resource Sheet	
□ Naloxone for res	piratory depression.	Monitor for 6 hours po	ost last dose			
Benzodiazepines	for seizures and agit	ation. Phenobarbital/	Propofol for persist	ent seizures *See Patie	ent Resource Sheet	
🗆 High Dose Insulir	n Euglycemia. *See Pa	tient Resource Sheet				
Urine Alkalinization *See Patient Resource Sheet						
With Toxicologist S	uggest:	Fomepizole	🗆 Leucovorin	🗆 Thiamine	Pyridoxine	
🗆 DigiFab®	Physostigmine	Cyproheptadine	Deferoxamine	Intralipids	□ ECMO	
U Whole Bowel Irrigation						

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		
*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.



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.