For further guidelines see the trust intranet

Poisoning in Our Emergency Department

Poisoning Basics

I. We see al lot of patients with poisoning and toxicological problems. Some of these are accidental, some recreational and some an act of deliberate self harm
II. Anyone who attends following a deliberate self poisoning episode needs to be **risk assessed using our mental health matrix**. Ask these patients if they have any tablets with them.
III. Patients who are non-compliant need senior input and a mental capacity assessment
IV. Sometimes poisonings can be concealed. It is always worth asking specifically if patients have been taking too much of any particular drug
V. Toxicology patients are sometimes asymptomatic on arrival, even after taking a fatal overdose
VI. Beware of overdose in those with a reduced GCS or 'intoxicated' - as a minimum check the ECG and paracetamol and salicylate levels if this is a possibility.

Treatment

I. You must check **Toxbase** for each poisoning episode. Not only will this give you a management plan but if you know the type, timing and dose then you can predict those at highest risk for deterioration. This should be printed out and put with the notes.
II. Most poisoning episodes can be managed expectantly however some poisons require blood monitoring, specific antidotes and urgent referral.
III. A list of antidotes stocked in the department is available on the ED intranet guidelines
IV. We normally perform paracetamol & salicylate levels and and ECG on all deliberate self poisoning patients as missing a paracetamol overdose can have dire consequences.
V. Paracetamol is a common overdose. Even if the patient appears well they require rapid assessment and treatment

Admission

- Patients requiring monitoring or treatment are admitted under the acute medical team.
- A verbal (& documented) handover to the medical registrar is essential if patients are unstable or there are time critical elements to their care e.g. paracetamol levels to be checked.

Summary

- Think toxicology/poisoning 'when things just don't add up'
- Use Toxbase to guide management
- Beware Paracetamol (especially staggered OD)
- Ensure good joined up care with the medical team

Table 6. Poisons That May Be Deadly In A Single Or Small Dose

Drug Class	Specific Poisons
Antidepressants and antipsychotics	Cyclic antidepressants, phenothiazines
Antimalarials	Quinine, Quinidine, Chloroquine
Cardiovascular agents	Calcium channel blockers, clonidine
Opioids	Methadone, Oxycodone, diphenoxylate
Oral hypoglycemic agents	Sulfonylurea
Topical agents	Methylsalicylate (oil of wintergreen found in Ben Gay),lindane, benzocaine, tea tree oil
Toxic Alcohols	Methanol, ethylene glycol
Others	Theophylline, colchicines

Table 4. Toxidromes

Cholinergic (organophosphates)		Anticholinergic (TCA, antihistamines)	Sympathomimetic (cocaine, amphetamines)	Opioids (heroin, morphine)
Salivation	Miosis	Hyperthermia	Diaphoresis	Miosis
Lacrimation	Bradycardia	Dry skin	Tachycardia	Respiratory depression
Urination	Bronchorrhea	Delirium	Hypertension	Coma
Diaphoresis	Bronchospasm	Dilated pupils	CNS excitation	
Diarrhea	Emesis	Flushed skin		
		Urinary retention		

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I have read this document and watched the eInduction video to complete my e-Induction

Sign Off Date..... Printed Name..... Signature.....

Supervisor Date..... Printed Name..... Signature.....