Poisoning-Overdose – Toxic Substance Exposure

POISONING/OVERDOSE - TOXIC SUBSTANCE EXPOSURE

30 Second Review  Poisoning/Overdose
RN, LPN
DEF: Poison exposure
S/S: S/S depends on type of toxin and/or route of exposure.

RX:
1) Maintain ABC’s, obtain and monitor vital signs.
2) Assess neuro status.
3) Symptomatic support and consider decontaminate/ventilate. May administer O2 via nasal cannula or mask to maintain SPO2>94%, 15L Ambu-Bag if depressed LOC.
4) Consider administering activated charcoal 30-60gm orally (consider aspiration/choking precautions first)
5) Check CBG and treat accordingly.
6) If decreased respirations give Naloxone 0.4 mg IM as an initial dose, a repeat dose may be given in 3-5 minutes as needed. Maximum total dose: 2 mg

SKILL LEVEL: RN, LPN

DEFINITION: Poisoning is the predictable, dose dependent, harmful effect, that results from overdose of (or exposure to) certain substances.

Subjective:
1. History of definite or possible toxin/poison exposure
   a. Nature of toxic substance, obtain MSDS for ingredient, chemical or brand names, etc.
   b. Route of exposure, e.g. ingestion, inhalation, skin contamination, injection, etc.
   c. Time of exposure.
2. Any other medical problems.
3. Known allergies

Objective:
1. Vital signs—note any abnormality: BP, Pulse, Resp. rate and pattern, body temperature, SpO2 and CBG.
2. Skin color, diaphoresis, temperature, presence of lesions, bullae, puncture wounds, etc.
3. Bowel sounds may be normal, hyperactive or hypoactive.
4. Odor of breath may indicate what was ingested.
5. Neuro function: Mental status; pupillary size, reaction to light and accommodation;
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nystagmus, gag reflex, deep tendon reflexes (absent, normal or hyperactive).

6. Finger stick CBG may be abnormal

**Assessment:**  Toxic substance exposure

**Plan:**

1. Assess and monitor Circulation, Airway and Breathing (CAB), support as needed.
   a. May administer O2 via nasal cannula or mask to maintain SPO2>94%, 15L Ambu-Bag if depressed LOC.
   b. Establish I.V. of NS TKO if depressed LOC.

2. Begin arrangements for immediate transportation to Emergency Room if vital signs are abnormal, neurologic abnormality, or if significant exposure to toxin has occurred.

3. If neurologically depressed, obtain STAT glucose via finger stick if less than 60mg/dl, give 50% Dextrose 25 GM IV or Glucagon 1mg I.M. If alert and able to swallow safely, may give glucose.

4. If respiratory and neurologic depression, give Naloxone (Narcan) 0.4 mg IM an initial dose. A repeat dose may be given in 3-5 minutes prn. Maximum total dose: 2 mg

5. Begin appropriate decontamination procedure to reduce exposure, considering route of exposure using appropriate personal toxic protection measures.
   a. Skin - remove contaminated clothing and wash any contaminated skin with soap and water.
   b. Inhalation - Remove patient from any source of fumes, such as clothing, rags, etc.
   c. GI – Administer activated charcoal 30-60 grams in warm water (consider aspiration/choking precautions) after discussion with poison control center.

6. While awaiting transport, may:
   a. Call Poison Control Center (800) 222-1222 for advice.
   b. Notify practitioner
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APPROVED:

Medical Services Manager ____________________________ Date __________________

Chief Medical Officer ____________________________ Date __________________

Clinical Medical Director ____________________________ Date __________________

Effective Date: ____________________________
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