Procedures for Toxicology Patients
Emergency Medicine, Toxicology

1 Purpose

To outline the general procedures and notifications regarding toxicology patients presenting to the Emergency Department

2 Procedures

Notification and General Procedures:

All toxicology patients being admitted to the ED Short Stay Unit will be admitted as ‘ED Short Stay Unit Toxicology’.

Please notify Dr Colin Page via switch 24/7 for the following toxicology patients:

1. Any toxicology patient you are concerned about after having first discussed the patient with the ED Consultant on the floor / on-call.

2. All patients who have taken an overdose who are being medically cleared in the main area of the Emergency Department and thus will not be seen at 08:00 the next morning by the Toxicology team in the Short Stay Unit (SSU).

3. All patients who have taken an overdose and are admitted to the SSU and are subsequently medically cleared prior to being seen by the Toxicology team the next morning at 08:00 in the SSU.

4. Toxicology patients requiring admission to ICU. These patients are to be admitted under the Toxicology Unit ‘CTOX’ in ICU.

Patients who are eligible for any of the Toxicology Unit research studies.
The reason for notification of patients detailed above in (1) and (2) is to confirm that there has been an accurate recording of the risk assessment information (time of ingestion, drug(s) and dose(s) taken) and to confirm that the ECG has been scanned on the main photocopy/printer between the two clinical work areas using the pre-set button Toxicology.

Special groups of toxicology patients that do not require notification, but Dr Page is happy to be contacted about to discuss:

1. Patients who have taken recreational drugs (e.g. THC, cocaine, amphetamines, heroin etc). If requiring SSU they should be admitted under ED SSU Toxicology. Ensure that as much information as possible is recorded with respect to the drug(s) taken and when. ECGs should be scanned to Toxicology.

2. Patients with THC hyperemesis. These patients will be managed by the toxicology unit and should be managed as per (1).

3. Carbon monoxide exposure – accidental or deliberate exposure should be given a minimum of 6 hours of high flow oxygen. These patients need to be admitted under ED SSU toxicology.

Dr Page is always available 24/7 via switch to discuss toxicology patients.

Medical Clearance of Toxicology Patients

The medical clearance of toxicology patients is an important component of their medical care. It should be focused and needs to assess both the patient’s physical and mental state. It consists of the following:

1. Patient is past the peak of their toxicity and is improving. Be wary of clearing patients within 6 hours of ingestion.

2. Mentally recovered &/or OK. (Abbreviated MSQ/MMSE) - orientated to time & place, day of week, month of year, year, PM, prev PM, Serial 7’s or WORLD backwards as well as an assessment of short term memory i.e. remember 3 objects. Very briefly you have checked orientation, short & long term memory as well as attention/cognition.

3. Physically recovered &/or OK- check for cerebellar signs - nystagmus, finger nose etc. WALK your patient to check for ataxia including heel toe. Can they walk to the toilet, can they pass urine, can they feed themselves.

3 Consultation

This guideline was developed in conjunction with Dr Colin Page, Director, Toxicology Unit.