Clinical Practice Guidelines: Toxicology and toxinology/Approach to the poisoned patient

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<table>
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<tr>
<th>Date</th>
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<td>Purpose</td>
<td>To ensure to consistent approach to the management of the poisoned patient.</td>
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<tr>
<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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**Acute poisoning** can be unintentional exposures or deliberate ingestions in response to suicidal ideation. These patients can be challenging to manage as heightened distress is often a feature.

The initial management priorities for the poisoned patient are the same and follow QAS guidelines for resuscitation and standard cares. In addition Paramedics should perform a structured risk assessment to help determine ongoing treatment requirements specific to the agent involved. Decontamination may be necessary for certain toxins but should not delay resuscitation if required.\(^1\)

### Approach to the poisoned patient

**Clinical features**

- Signs and symptoms develop as a result of the toxin involved.
- Classic constellations of clinical features or ‘toxidromes’ are associated with specific toxic ingestions and can guide further management.

**Clinical features (cont.)**

<table>
<thead>
<tr>
<th>Toxidromes include:</th>
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<tr>
<td><strong>Cholinergic syndrome</strong></td>
<td>Constricted pupils, sweating, salivation, bronchorrhea, lacrimation, bradycardia, agitation, fasciculations, coma, seizures</td>
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<tr>
<td><strong>Anticholinergic syndrome</strong></td>
<td>Dilated pupils, hyperthermia, agitation, tachycardia, dry mouth, flushed skin</td>
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<tr>
<td><strong>Opioid toxicity</strong></td>
<td>Constricted pupils, respiratory depression, sedation</td>
</tr>
<tr>
<td><strong>Serotonin toxicity</strong></td>
<td>Dilated pupils, hyperthermia, agitation, increased tone, clonus</td>
</tr>
<tr>
<td><strong>Sympathomimetic toxicity</strong></td>
<td>Dilated pupils, hyperthermia, agitation, tachycardia, sweating, tremor, aggression</td>
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Risk assessment

Predict the expected clinical course of the exposure by determining:

- agent/s ingested
- dose/s
- timing of ingestion or exposure
- any symptoms or signs which have developed
- important patient factors (e.g. pre-existing coronary heart disease)

Gathering empty pill packets or gaining collateral history from friends and family may be required.

An Emergency Examination Authority (EEA) is necessary if the patient is deemed to be at an imminent risk of harm to self or others.

Additional information

- Resuscitation takes priority over decontamination.\(^1\)
- Poisons Information Centre Hotline: 131 126
- Standard PPE is adequate for the majority of toxic exposures.
- The poisoned child is approached similarly, but recognise that much smaller quantities can cause significant toxicity.
- Small children rarely ingest more than three tablets or a mouthful of poison.
- Paramedics should attempt to gain the correct spelling of the product (or label) for accurate identification.
- Some agents may be lethal in small ingestions (e.g. paraquat).
Consider:

- Oxygen
- IPPV
- IV access
- Analgesia
- Antiemetic
- Midazolam
- 12-Lead ECG
- Antidote
- EEA

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.

Potentially lethal paediatric ingestions

Two pills that kill:
- Amphetamines/GHB
- Antiarrhythmics (e.g. calcium channel blockers, propranolol)
- Chloroquine/Hydroxychloroquine
- Opioids/Dextropropoxyphene/Clonidine
- Sulfonylureas (e.g. Glibenclamide, Gliclazide, Glimepiride, Glipizide)
- Theophylline
- TCAs

Two mouthfuls that kill:
- Organophosphates
- Paraquat
- Hydrocarbons/solvents
- Camphor
- Naphthalene (mothballs)
- Lead
- Toxic alcohols
- Essential oils

It is essential to consider child safety issues and to ensure parents or guardians are notified if a child has toxicity.

Special management for known toxidrome/ingestion

Decontamination (if appropriate)
- Remove clothes and wash skin with soap and water
- Rinse out mouth with water

Signs of life?

Manage as per:
- CPG: Resuscitation

Transport to hospital
Pre-notify as appropriate