

Overdose and Poisoning (Adults)

Table 3.67 – ASSESSMENT and MANAGEMENT

Overdose and Poisoning

- ⚠️ **Safety First – DO NOT put yourself in danger – carry out a dynamic risk assessment and undertake measures to preserve your own safety.**
- ⚠️ **Avoid mouth-to-mouth ventilation in cases of poisoning or suspected poisoning by cyanide, hydrogen sulphide, corrosives and organophosphates.**

ASSESSMENT

- Assess ABCD

MANAGEMENT

- If any of the following **TIME CRITICAL** features present:
 - major **ABCD** problems
 - cardiac and respiratory arrest – **refer to resuscitation guidelines**
 - decreased level of consciousness – NB Most poisons that impair conscious also depress respiration – **refer to decreased level of consciousness guideline**
 - respiratory depression – **refer to airway management guideline**
 - arrhythmias – **refer to cardiac rhythm disturbance guideline**
 - hypotension <70 mmHg
 - cardiac arrhythmias – **refer cardiac rhythm disturbance guideline**
 - convulsions – **refer convulsion guideline**
 - hypothermia – **refer hypothermia guideline**
 - swallowed crack cocaine, then:
- Start correcting **A** and **B** problems.
- Undertake a **TIME CRITICAL** transfer to nearest appropriate receiving hospital.
- Continue patient management en-route.
- Provide an alert message/information call.

- Substance

- Ascertain what has been ingested/inhaled/absorbed/injected – ask relatives, friends, work colleagues etc.
 - Examine the patient for odours, needle marks, pupil abnormalities, signs of corrosion in the mouth.
 - Estimate the quantity.
 - Ascertain what if any treatment has been given.
 - Document the time the incident occurred.
 - **NEVER** induce vomiting.
 - In the case of caustic, irritant e.g. petroleum ingestion encourage the patient to drink a glass of milk, if possible.
- Refer to Table 3.68 for specific management of certain toxins.
- If possible take and hand over to staff at the hospital:
 - a sample of the ingested substance
 - all substances found at the scene whether thought to be involved or not
 - medicine containers
 - a sample of vomit – if present. Important information can be gained by contacting toxbase and local protocols should be followed to enable this

- Chemical exposure

- If exposure to chemical substance is suspected – **refer to CBRNE guideline chemical section for management.**

- Oxygen

- If indicated, administer high levels of supplemental oxygen, particularly in cases of carbon monoxide poisoning or inhalation of irritant gases – **refer to oxygen guideline.**
 - Apply pulse oximeter.
- NB Supplemental oxygen maybe harmful in cases of paraquat poisoning.

- ECG

- Undertake a 12-lead ECG.

- Respirations

- Monitor respirations.
- Consider assisted ventilation if:
 - SpO₂ is <90% after administering high levels of oxygen for 30–60 seconds
 - respiratory rate is **<half normal rate OR >three times normal rate**
 - expansion is inadequate.

- Naloxone

- Opiates such as morphine, heroin etc., can cause respiratory depression; in cases of respiratory depression consider naloxone; monitor vital signs closely.
- NB Repeated doses of naloxone may be required – **refer to naloxone guideline.**

- Blood pressure

- Hypotension is common in severe cases of poisoning.
- Monitor blood pressure.

- Intravascular fluid

- In cases of drug induced symptomatic hypotension consider intravascular fluid – **refer to intravascular fluid guideline.**