

TELEPHONE PROTOCOL FOR HANDLING POISON CALLS

In many poisoning calls

- caller does not volunteer enough information initially for the pharmacist to assess the situation
- Occasionally a poisoning situation can be uncovered only by persistent questions
- Inquiries relating to tablet identification may involve a poisoning, and this information can be elicited by determining why the caller needs the information.
- poisoning should be considered in the differential diagnosis whenever there is an abrupt onset of illness with multiple organ system involvement, especially if the patient is a child under 5 years of age has a history of a previous ingestion.

I. Initial Assessment:

Substance involved

Are symptoms present?

What has been done?

II. History:

A. Basic Information:

Name of caller

Name and age of victim

Weight of victim

Phone number

Time of exposure

Route of exposure

(ingestion, inhalation, percutaneous, ocular)

B. Substance:

Brand name and other identification. non-phosphate

Medication

Plant

Is it possible anything else is also involved?

C. Amount

Describe situation

Extract quantitative details

D. symptoms

Determine whether symptoms are consistent with the substance involved; if not, determine what other substances or medical conditions may be responsible for these symptoms. Severe signs and symptoms, such as respiratory and cardiovascular collapse, may necessitate immediate treatment. Some treatment modalities are contraindicated when certain signs or symptoms are present (e.g., emetics in the comatose patient).

B. Present Medical condition.

- a) does he/she take any medicine regularly?**
- b) has he/she been sick lately?**

The patient's medical history may influence the severity of the intoxication or treatment. Some home remedies may complicate therapy whereas other prior treatment may influence subsequent recommendations.

III. Assessment

A. Toxicity of substance

- 1) poisindex
- 2) Reference texts and articles
- 3) Manufacturer emergency number
- 4) Consultants and experts

B. Circumstances of Exposure

- 1) Suicide
- 2) Accidental
- 3) occupational
- 4) Environmental
- 5) Drug abuse

C. Competency of caller

- 1) will they be able to carry out instructions and make observations?
- 2) How important does caller consider exposure to be?

IV. Treatment Plan:

The plan should consist of simple, explicit instructions and be communicated in a clear manner. It is a good idea to have the caller write the instructions down and repeat the details back to you.

A. No treatment necessary.

- B. First aid and observe at home.**
- 1) Will they be available for follow-up?
 - 2) Do they understand what to watch for?

C. Syrup of Ipecac and observe at home?

- 1) Is syrup of Ipecac available?
- 2) Is caller competent and complying?
- 3) Will they be available for follow-up?
- 4) Do they understand what to watch for?

D. Refer to MD, ER, clinic - highly toxic substance; unknown substance; plant, etc., unknown amount; signs symptoms not obvious, e.g. EKG changes; unstable situation.

- 1) Arrange transportation
- 2) Call ahead.
- 3) Have them bring container, with them.

V. Follow-up:

Calls should be made at **1/2** hour, **2-4** hours, **12** hours or **24** hours. based on the assessment of the poisoning and the treatment recommended:

A. Has the victim remained asymptomatic?

- 1) Anything at all unusual?
- 2) Sleeping, eating, etc. normally

B. Were instructions followed?

- 1) How much Ipecac did you give?
- 2) Did you give water afterward?
- 3) How long did you wash the eye?

C. Was treatment effective?

- 1) Did victim vomit?
- 2) How many times?
- 3) Were pill fragments present?
- 4) Is he/she eating all right now?

D. Poison prevention teaching..

- 1) Education and first aid
- 2) Poison proof now-low the odds of a repeat.

E. Referral

- 1) Public health nurse
- 2) Workers clinic
- 3) Suicide prevention