

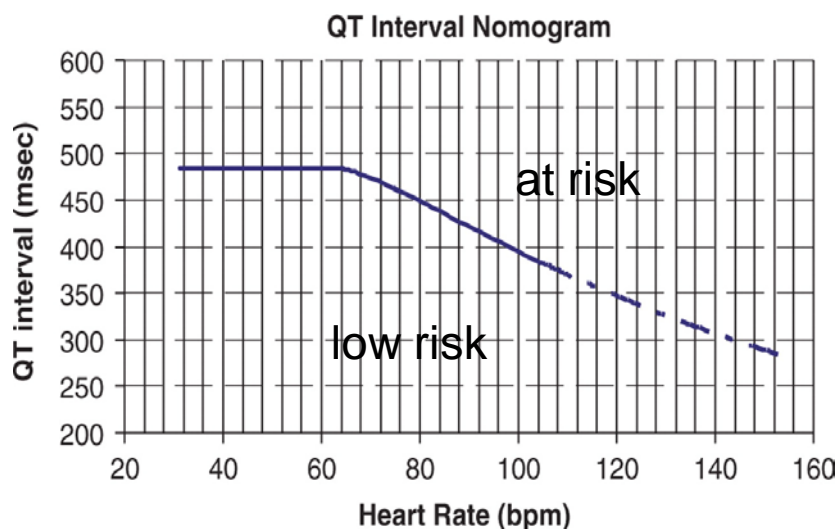
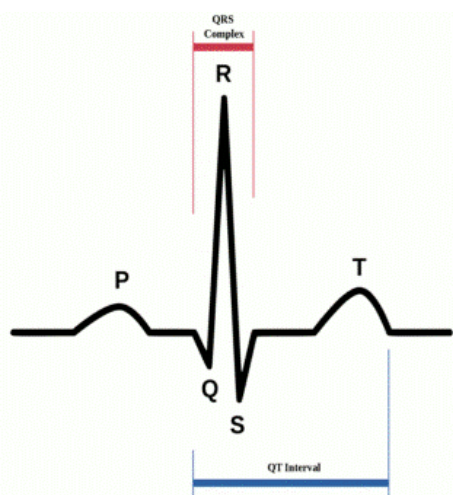
Title	Adult Toxicology Checklist: Initial Management of Altered GCS, Serotonin and Cardiac Toxicity
Applies to	All clinical staff
Date of this version	22.9.20
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Page 1: Adult Toxicology Checklist

Page 2: Telemetry guidelines for admission

Adult Toxicology Checklist: Initial Management of Altered GCS, Serotonin & Cardiac Toxicity

1. Inform **consultant** (or **doctor in charge**), move to **resus & cardiac monitor**.
2. Manage **airway** and **ventilation**.
3. **iv access, BM, blood gas, bloods, CK** (& ? paracetamol levels)
 - Treat **hypotension & acidosis** – **iv fluid boluses** to max 20ml/kg.
4. Perform **ECG**:
 - **New QRS >120?** Give **50ml iv 8.4% Sodium Bicarbonate**, can repeat until $H^+ > 28$.
 - **QT (NOT QTc) “at risk”** on normogram give **2g MgSO₄ iv** (& check K⁺).
5. Agitation/serotonin toxicity?
 - Check **BM** and **temperature**. Cool if **T > 38°C**.
 - Consider **diazepam** iv bolus 0.5mg- 10mg (dose adjust to haemodynamics and co-morbidities).
6. Opiate toxicity?
 - Consider **naloxone** (titrated 0.2-0.4mg iv/im boluses as required) **if airway compromise, low SpO₂, low respiratory rate, reduced GCS**.
7. Review toxbase www.TOXBASE.org
8. Consider early **ICU involvement**.



Avoid common pitfalls –

Severe **hypotension** – ? calcium channel or β - blockers

Severe **pyrexia (temp >39°C)** –? serotonin toxicity

Severe **acidosis** – ? toxic alcohols

TOXBASE CONTACT DETAILS

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(Adapted from Tox6 sheet v2: J. Wraight, A. Veiraiyah, A. Burt)

Clyde Telemetry Admission Guidelines for Adult Toxicology Patients

Telemetry monitoring is recommended for:

- post cardiac arrest with successful resuscitation
- haemodynamically unstable arrhythmia
- 2nd/3rd degree heart block
- prolonged QT interval (QT>0.5s or QT over "at risk" line on normogram)
- severe electrolyte imbalance with high risk of ventricular arrhythmia
- drug overdose with known arrhythmogenics
- admission to HDU/ICU

If unsure if telemetry monitoring indicated please check toxbase guidelines or discuss with consultant or senior doctor in charge of department.