

## Key Resources

- **Poison Control: 1-800-222-1222**
- BCH Toxicology Fellow/Attending (on call 24/7)
- BCH Chemistry Fellow (daytime hours, can help interpret labs and select specialized testing)
- Hazmat Team: Boston Fire Department
- MSDS: Material Safety Data Sheets
- [www.maripoisoncenter.com](http://www.maripoisoncenter.com)
- [www.aapcc.org](http://www.aapcc.org)

## Approach to Poisoned Patient

<b>Stabilization</b>	Airway, Breathing, Circulation, Disability, Drugs/D-Stick, Decontamination
<b>Physical Exam</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• <b>Neuro:</b> MS, tone, clonus, abnormal movements</li> <li>• <b>Eyes:</b> pupils, EOM.</li> <li>• <b>Mouth:</b> corrosive lesions, odors</li> <li>• <b>CV:</b> rate, rhythm, perfusion</li> <li>• <b>Resp:</b> rate, depth of respirations, air entry, wheeze</li> <li>• <b>GI:</b> motility (?bowel sounds), corrosive effects (i.e. vomiting)</li> <li>• <b>Skin:</b> color, bullae, burn, sweat, track marks</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• <b>AMPLE:</b> Allergies, Meds/Toxins (everyone in home), Past medical history, Last meal, Events</li> <li>• <b>Known toxin:</b> amount, time since ingestion, early sx, home tx,</li> <li>• <b>Concern for poisoning:</b> h/o pics or ingestions, meds in home, recent illnesses, visitors/events</li> </ul>
<b>Basic Labs</b>	Consider ABC, co-oximetry, CBC, D-stick, EKG, Chem 10, LFTs, Serum osmolarity, UA, tox screens (urine/serum)
<b>Tox Screens</b>	<ul style="list-style-type: none"> <li>• Substances included, limits of detection vary hospital to hospital</li> <li>• Urine drug screens rarely inform acute management decisions</li> <li>• <b>Urine tox screens:</b> detect amphetamines, barbiturates, benzos, cocaine, opioids, +/- THC <ul style="list-style-type: none"> <li>■ Qualitative (+/-)</li> <li>■ Does not detect ecstasy; false + and false - (esp benzos, synthetic opioids) common</li> <li>■ ADHD drugs: adderall → positive amphetamine</li> </ul> </li> <li>• Urine THC - must order separately at BMC</li> <li>• <b>Expanded opioid panel, urine (BMC):</b> detects buprenorphine, oxycodone, methadone, fentanyl</li> <li>• <b>Extended tox screen:</b> GC/MS, urine better than serum, send out test</li> <li>• <b>Meconium tox:</b> amphetamines, THC, cocaine, opiates, PCP</li> <li>• <b>Serum tox:</b> acetaminophen, ASA, EtOH, TCAs (qualitative – level reported except TCA's)</li> <li>• <b>Specific drug levels:</b> can request for agents not on tox screens (digoxin, lithium, AEDs, iron, etc.)</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Can I decontaminate?</li> <li>• Can I enhance the elimination of the toxin? (<a href="http://www.extrip-workgroup.org">www.extrip-workgroup.org</a>)</li> <li>• Is there an antidote?</li> <li>• How can I provide the best, targeted supportive care?</li> </ul>