

7. The regional poison center should be engaged as early as reasonably possible to aid in appropriate therapy and to track patient outcomes to improve knowledge of toxic effects. The **national 24-hour toll-free telephone number to poison control centers is (800) 222- 1222**, and it is a resource for free, confidential expert advice from anywhere in the United States

Notes/Educational Pearls

Key Considerations

1. Each toxin or overdose has unique characteristics which must be considered in individual protocols
2. Activated charcoal (which does not bind to all medications or agents) is still a useful adjunct in the serious-agent, enterohepatic, or extended-release agent poisoning if the patient does not have the potential for rapid alteration of mental status or airway/aspiration risk. Precautions should be taken to avoid or reduce the risk of aspiration
3. Ipecac is not recommended for any poisoning or toxic ingestion — the manufacturer has stopped production of this medication
4. Flumazenil is not indicated in a suspected benzodiazepine overdose as it can precipitate refractory/intractable seizures if the patient is a benzodiazepine dependent patient

Pertinent Assessment Findings

Frequent reassessment is essential as patient deterioration can be rapid and catastrophic

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) (*for additional information, go to www.nemsis.org*)

- 9914135—General - Overdose/Poisoning/Toxic Ingestion

Key Documentation Elements

- Repeat evaluation and documentation of signs and symptoms as patient clinical conditions may deteriorate rapidly
- Identification of possible etiology of poisoning
- Initiating measures on scene to prevent exposure of bystanders when appropriate/indicated
- Time of symptoms onset and time of initiation of exposure-specific treatments

Performance Measures

- Early airway management in the rapidly deteriorating patient
- Accurate exposure history
 - Time of ingestion/exposure
 - Route of exposure
 - Quantity of medication or toxin taken (safely collect all possible medications or agents)
 - Alcohol or other intoxicant taken
- Appropriate protocol selection and management
- Multiple frequent documented reassessments

References

1. Boyer EW, Shannon MS. The serotonin syndrome. *N Engl J Med*. 2005; 352:1112–20
2. Brucolieri RE, Burns MM. A Literature Review of the Use of Sodium Bicarbonate for the