

Section: Division of Nursing

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PROTOCOL

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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ED
(Scope)

TITLE: Care of the overdose/poisoned patient (actual or potential)

PURPOSE: To establish the emergency department nursing standards of care for the overdose/poisoned patient

LEVEL: Dependent Independent Interdependent

SUPPORTIVE DATA: Poisonings/overdoses are responsible for more than 1 million emergency department visits annually in the United States. Children account for almost two thirds of all human toxic exposures reported to the American Association of Poison Control Centers. Toxins can enter the body through ingestion, inhalation, injection, mucosal absorption, ocular exposure or dermal contact. Exposure may be accidental or intentional and related to recreation, occupation, or intent to harm oneself.

- NURSING CARE :
1. Obtain pertinent medical history including any allergies and routine medications. Nursing observation and assessment should include documentation on the chart of:
 - a. What was ingested, or what was the patient exposed to
 - b. How much was ingested/exposure time
 - c. What time did this occur
 - d. Was any treatment done prior to arrival
 - e. Any psychiatric history or previous attempts at suicide
 - f. Why overdose, accident or exposure occurred
 2. Escort patient to a treatment room and provide for the safety and protection of the patient. Obtain baseline vital signs, patient weight, pupil status and level of consciousness
 3. Nurse responsible for triaging patient will contact Poison Control and document recommendations on triage form. Emergency Department physician will be notified of these recommendations, and notification will be documented.
 4. Management of the patient involves continuous respiratory and hemodynamic support, careful evaluation of toxicosis potential, interventions to reduce toxin absorption and promote excretion and substance-specific therapy, including antidotes. (See attached table for recognized antidotes.)
 5. Patient's airway will be stabilized to ensure adequate oxygenation and ventilation. This can be accomplished through positioning, if more invasive airway stabilization is required notify the physician immediately.
 6. Monitoring of patient's vital signs will be based on the recommendations obtained from poison control.
 7. The nurse will ensure patient safety and provide emotional support by:
 - a. providing emotional care
 - b. protecting self and others if patient becomes violent or confused
 - c. providing referral to substance abuse programs if necessary
 - d. providing information about self help groups if necessary
 8. Observe patient for seizures, mental status changes, and injury, report all observations to the ED physician and document appropriately.
 9. Initiate treatment ordered by the physician.
 10. Re-assess patient's vital signs as indicated
 11. Follow up with Poison Control as indicated.

REFERENCE(S): Sheehy's Emergency Nursing Principles and Practice 5th Edition. Chapters 43, and 53. (2003) Mosby, Philadelphia PA.