

Overdose

Observations/NEWS on TRAK

Read Patient Alerts



- ☒ Temperature
- ☒ Pulse
- ☒ Blood pressure
- ☒ Respiratory rate
- ☒ Oxygen saturations (on air or O2 %)
- ☒ Blood glucose

- ☒ AVPU
- ☒ Pupil size
- ☒ Consider Alcometer
- ☒ Complete the ED Mental Health Risk Assessment Form if intentional OD

Investigations

Discuss with senior staff; not all patients will require all investigations

Consider:

- Admission bloods (as per order set) - FBC, U&E, LFTs and Mg²⁺ + CK
- **OR** Paracetamol bloods (as per order set) – (If >4hours since ingestion)
- IV access
- Venous blood gas
- ECG (If only Paracetamol ingested then does not require ECG)
- No salicylate level unless ingestion of aspirin containing medication.

TOXBASE (www.toxbase.org)

Toxicology ANP: 07812703205

Print relevant drug information

**Please be aware Toxbase are phasing out shared departmental logins, you will need an individual login.



Treatments

Consider:

- Administration of activated charcoal if the patient presents within one hour of ingestion.
- IV fluid if BP low
- Paracetamol SNAP protocols on right decisions.
- Cardiac monitoring – check toxbase.

Red flags

- **Toxbase** – Print drug guidelines.
- **High lethality:** Advice from NPIS (Toxbase) may be required to establish level of risk. If in doubt assume high.
- **Abnormal ECG:** Discuss with senior – patient may require cardiac monitoring.
- **Marked distress:** Patients who are markedly physically or emotionally upset. Consider if the patient requires an EDC; risk of leaving before assessment/treatment.

Patient Presentation Cards			Version 1	Page 1 of 1	 
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