Santé et Services sociaux Québec

DT9238

INITIAL ASSESSMENT OF THE POISONED USER

Date and time of assessment	Year	Month	Day	Time
				:

User

☐ Male ☐ Female | Age ____ years | Weight ____ kg

Québec Poison Control Centre
Telephone: 1 800 463-5060

User data

Relevant medical history

Habits ☐ Smoking ☐ Alcohol Quantity _____ /day Drugs:

Usual medication

Circumstances of poisoning: ☐ Suicide attempt ☐ Recreational use ☐ Occupational exposure
☐ Accidental/environmental exposure ☐ Iatrogenic exposure ☐ Other (specify): _____

Additional information on history

FiO_2 100% during transport to institution: ☐ Yes ☐ No

Risk assessment

Approximate time of poisoning:	Specify date if different:	Duration of exposure:

Substance(s) involved and dose(s): ☐ Unknown ☐ Ethanol Quantity: _____ Concentration: _____

N.B.: Consider the worst-case scenario if the exact quantity is unknown. In addition, depending on the type of exposure, it could be important to specify the duration of exposure (inhalation instead of volatile or skin exposure, for example).

Medication/natural products/other poison (example: CO, ammonia, etc.)

Name	Route PO/IV/IM/IN/ SC/Cutaneous/Inh	Concentration (dose of comp. or dose per ml)	Maximum number (of CO or ml)	Maximum quantity (in mg)	Dose in mg/kg (according to user's weight)

CLINICAL STATUS

Complete vital signs

HR: _____ /min Cardiac rhythm: _____ BR: _____ /min Blood pressure: _____ / _____ mmHg

SpO_2: _____ % FiO_2 administered: _____ Temperature: _____ °C (rectal/oral) Capillary glycemia: _____ mmol/l

Problems detected with ABCDE approach and emergency interventions carried out

Approach	Normal	Clarifications and details regarding interventions
A Airway	Yes ☐ No ☐	Intubation (tube no. _____ Insertion depth: _____ cm) Antidote: Time Name Dosage Route
B Breathing	Yes ☐ No ☐	☐ Administration of supplemental oxygen (specify): _____ ☐ Bag-valve-mask ventilation Intubation (tube no. _____ Insertion depth: _____ cm) Antidote: Time Name Dosage Route
C Circulation	Yes ☐ No ☐	☐ Fluid repletion required Time Name Dosage Route ☐ Administration of vasopressors/inotropes Time Name Dosage Route Antidote: Time Name Dosage Route
D Disability	Yes ☐ No ☐	☐ Major agitation at arrival ☐ Physical restraint ☐ Chemical restraint (sedation) Time Name Dosage Route ☐ Seizure treatment(s) Time Name Dosage Route ☐ Hypoglycemia treatment(s) Time Name Dosage Route Antidote: Time Name Dosage Route

Mental status (Glasgow Coma Scale) – Please circle ☐ Intubated GCS = _____

Adult

Eye opening response		Verbal response		Motor response	
4	Spontaneous	5	Oriented	6	Obeys commands
3	To verbal command	4	Confused	5	Localizes painful stimuli
2	To painful stimuli	3	Inappropriate words	4	Withdraws from painful stimuli
1	None	2	Incomprehensible speech	3	Decorticate posture
		1	None	2	Decerebrate posture
				1	None

Child

Eye opening response		Verbal response		Motor response	
4	Spontaneous	5	Smiles, oriented to sounds, follows objects	6	Normal spontaneous movements
3	To verbal command/stimuli	4	Cries and consolable, follows objects	5	Withdrawal from touch
2	To painful stimuli	3	More or less consolable, grunts	4	Withdrawal from painful stimuli
1	None	2	Inconsolable, agitated	3	Decorticate posture
		1	None	2	Decerebrate posture
				1	No movements

Pupils: Right eye: _____ mm Left eye: _____ mm

E Exposure	Yes ☐ No ☐	☐ External decontamination (specify): _____ ☐ Internal decontamination Time Name Dosage Route ☐ Hyperthermia treatment (specify): _____ ☐ Hypothermia treatment (specify): _____

Signature of physician in charge		Practice No.

HR: Heart rate BR: Breathng rate

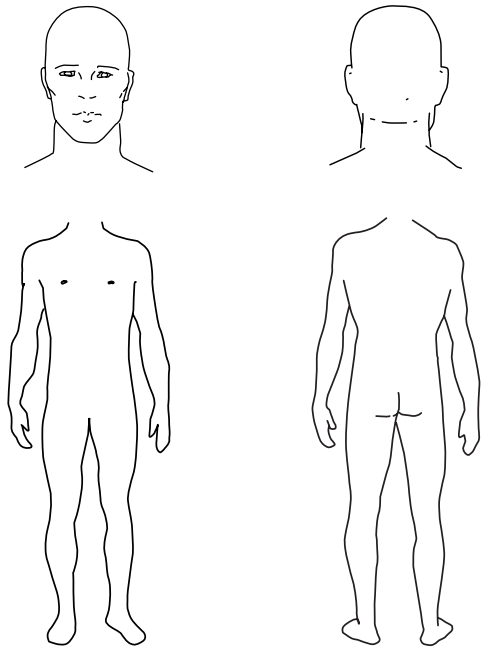
CLINICAL STATUS

Toxidrome (see table overleaf) ☐ Yes ☐ No Specify: _____

Symptoms and signs

If abnormal, provide details in the appropriate space or indicate them on the body diagram.
In the case of burns, other trauma or lesions, please indicate them on the body diagram.

	Normal	Abnormal
General status/behaviour	☐	☐
Neurological	☐	☐
Cardiovascular	☐	☐
Respiratory	☐	☐
Gastrointestinal	☐	☐
Genitourinary	☐	☐
Musculoskeletal/(External signs of trauma)	☐	☐
Skin and mucous membrane agents	☐	☐



Mental health assessment

– Cooperation in assessment: ☐ No ☐ Yes – Appearance/hygiene: ☐ Well-groomed ☐ Neglected
– Psychomotor activity: ☐ Normal ☐ Decreased ☐ Increased
– Agitation requiring restraint: ☐ No ☐ Yes (physical) ☐ Yes (chemical)
– Mood (subjective): ☐ Euthymic ☐ Sad ☐ Anxious ☐ Irritable ☐ Euphoric ☐ Cannot express it
– Affect (objective): ☐ Normal ☐ Blunted ☐ Labile
– Thought: ☐ Anxious concerns ☐ Depressive concerns ☐ Delusions ☐ Grandiose ideas
☐ Others (specify): _____
☐ Suicidal ideation ☐ Self-mutilation ☐ Aggressive thoughts
– Perceptions: ☐ Normal ☐ Illusions ☐ Visual hallucinations ☐ Auditory hallucinations
☐ Others (specify): _____
– MMSE/Folstein score: _____ / _____ – Self-criticism: ☐ Adequate ☐ Partial ☐ Decreased/absent
– Judgment: ☐ Adequate ☐ Altered – Other observations: _____

Procedures performed

☐ Intubation ☐ Central line ☐ Arterial line ☐ Other (specify): _____

Diagnostic impressions

Signs of toxicity at the time of assessment: ☐ Yes ☐ No
Current hemodynamic status: ☐ Stable ☐ Unstable
Specify diagnostic impressions:

Was the Québec Poison Control Centre consulted (1 800 463-5060)? ☐ Yes ☐ No
If so, what were its recommendations:

Plan

Consultation requested (specify):

In the case of occupational or accidental/environmental exposure, were the public health authorities notified? ☐ Yes ☐ No

Signature of physician in charge Practice No.