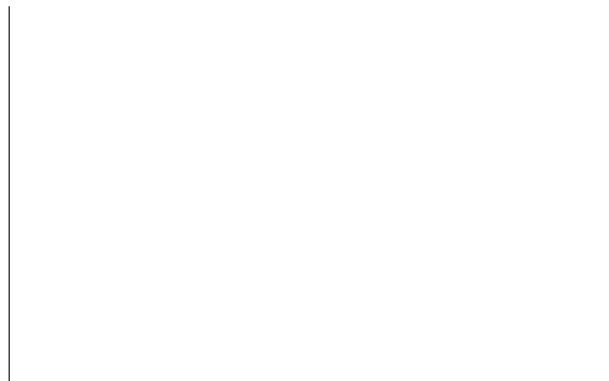


DT9238

ACUTE CARE EVOLUTION OF POISONED USER



Québec Poison Control Centre
Telephone: 1 800 463-5060

Date and time of medical assessment	Year	Month	Day	Time	
:					
Place of assessment					
<input type="checkbox"/> Emergency room <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Ward <input type="checkbox"/> Psychiatry <input type="checkbox"/> Other (specify): _____					

Vital signs at the time of assessment

HR: _____ /min Cardiac rhythm: _____ BR: _____ /min Blood pressure: _____ / _____ SpO₂: _____ %
 FiO₂ administered: _____ Temperature: _____ °C (rectal/oral) Capillary glycemia: _____ mmol/l Glasgow: _____

Decontamination ongoing

External decontamination (specify): _____

<input type="checkbox"/> Internal decontamination				Antidote ongoing:			
Time	Name	Dosage	Route	Time	Name	Dosage	Route

System Details on interventions

Neurological	<input type="checkbox"/> Sedated Sedation scale: _____ Score: _____ Time Name Dosage/Route <input type="checkbox"/> Neuromuscular blockade Medication: _____ Time Name Dosage/Route Time Name Dosage/Route Clinical status (history, physical examination): _____						
<input type="checkbox"/> Normal							
Respiratory	<input type="checkbox"/> Intubated/ventilated <input type="checkbox"/> Hyperbaric oxygen therapy <input type="checkbox"/> Extracorporeal membrane oxygenation (ECMO) Medication: _____ Time Name Dosage/Route Clinical status: _____						
<input type="checkbox"/> Normal							
Cardiovascular	Vasopressors/inotropes Medication: _____ Time Name Dosage/Route Time Name Dosage/Route <input type="checkbox"/> Pacemaker (external/internal) <input type="checkbox"/> Intra-aortic balloon pump <input type="checkbox"/> Extracorporeal circulation Clinical status: _____						
<input type="checkbox"/> Normal							
Gastrointestinal	<input type="checkbox"/> PO nutrition <input type="checkbox"/> Enteral nutrition <input type="checkbox"/> Parenteral nutrition Medication: _____ Time Name Dosage/Route Clinical status: _____						
<input type="checkbox"/> Normal							
Genitourinary and metabolic	<input type="checkbox"/> Urinary catheter Urinary output: _____ ml/h <input type="checkbox"/> Fluid balance <input type="checkbox"/> Urine alkalization <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Hemofiltration <input type="checkbox"/> Hemodiafiltration Medication: _____ Time Name Dosage/Route Clinical status: _____						
<input type="checkbox"/> Normal							
Skin and mucous membrane agents	<input type="checkbox"/> Rewarming (external/internal) (passive/active) <input type="checkbox"/> External cooling Medication: _____ Time Name Dosage/Route Clinical status: _____						
<input type="checkbox"/> Normal							
Hematologic	Blood products: Packed red blood cells _____ (number) Frozen plasma _____ (number) Platelets _____ (number) Medication: _____ Time Name Dosage/Route Clinical status: _____						
<input type="checkbox"/> Normal							
Other(s)	Surgery required (specify): _____ Medication: _____ Time Name Dosage/Route						

Diagnostic impressions	Plan

Recommendations of the Québec Poison Control Centre (if consulted):

Signature of physician in charge	Practice No.
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