



DT9238

## PRESCRIPTIONS FOR POISONED USER

Québec Poison Control Centre  
Telephone: 1 800 463-5060

Date (year/month/day) and time	Intervention(s) or medication(s)
	<b>Oxygen</b> <input type="checkbox"/> Titrate for saturation: _____ % <input type="checkbox"/> 100%
	<b>IV solution</b> <input type="checkbox"/> NaCl 0.9% <input type="checkbox"/> NaCl 0.9% D5% <input type="checkbox"/> NaCl 0.45% D5% <input type="checkbox"/> Ringer lactate <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Potassium: _____ mmol/l <input type="checkbox"/> Saline lock <input type="checkbox"/> To keep vein open (TKVO) <input type="checkbox"/> Rate: _____ ml/h
	<b>Decontamination</b> <input type="checkbox"/> Activated charcoal – single dose (1 g/kg max 50 g) _____ g PO x 1 • If potentially toxic ingestion occurred within 1 hour AND • If user's airway is protected AND • If there are no contraindications (refer to Québec Poison Control Centre or antidote guide) <input type="checkbox"/> Activated charcoal – repeated doses (1 g/kg max 50 g) _____ g PO Q 4H • If ingestion of slow-released or enteric-coated substances OR • If evidence shows that blood concentration continues to increase OR • If ingestion of mushrooms containing amatoxin OR • If ingestion of a significant quantity of tablets, especially if ingestion includes salicylate • Check contraindications (refer to Québec Poison Control Centre or antidote guide) <input type="checkbox"/> Whole bowel irrigation (25 ml/kg/h max 2L/h) PEG _____ ml/h until rectal effluent is clear (consult Québec Poison Control Centre p.r.n.)
	<b>Antidotes</b> <input type="checkbox"/> N-Acetylcysteine ( <input type="checkbox"/> see protocol or <input type="checkbox"/> refer to prescription below) <input type="checkbox"/> Other(s) (specify): _____ _____ _____ _____
Signature of physician in charge	Practice No.