**CLINICAL PRACTICE GUIDELINES – TOXICOLOGY TEMPLATE FOR PIC**

**Title: xxxxx Poisoning**

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**See also:**

**List relevant CPGs including toxidromes, important state/national resources**

**(further hyperlinks can be included in Additional notes at bottom)**

[Poisoning – Guidelines for initial management](about:blank).

[Resuscitation](about:blank)

**Key Points**

1. 3-4 key points
2. 3-4 key points
3. 3-4 key points
4. 3-4 key points

For 24 hour advice, contact the Poisons Information Centre 13 11 26

**Background**

*Brief statement, no more than 1-2 paragraphs explaining what the condition is, preferably bullet points. Define non-standard abbreviations.*

Pharmacokinetics:

Onset x hours post ingestion; peak y hours post ingestion standard formulation

Onset x hours post ingestion; Peak y post ingestion modified release

Duration of symptoms

Renal or hepatic metabolism (if relevant in event of impairment)

Dose related toxicity: In a dose of > x g/kg; expect (brief description)

**Children requiring assessment**

All children with deliberate self-poisoning or significant (define or link definition elsewhere in CPG/see below) accidental ingestion

Any symptomatic child

Acute ingestion of unknown quantity

Dose > x mg/ kg

Any child whose developmental age is inconsistent with accidental poisoning as non-accidental poisoning should be considered.

**Risk assessment**

**Red flag features in Red**

**History**

Intentional overdose or accidental

Dose:

Stated or likely dose taken

Presented as syrup, immediate or modified- release tablets in x- y mg

If possible determine the exact name and tablet size.

Calculate the maximum possible dose per kg

x mg/kg is significant in an adult whilst > y mg/kg may be associated with severe toxicity.

Co-ingestants e.g. paracetamol

**Examination** (critical or distinguishing features)

Toxidrome (link)

CNS depression/ excitement – any decrease is significant

CVS Tachycardia, arrhythmias, bradycardia.

Hypertension/Hypotension

Always check for Medicalert bracelet in any unconscious patient, or any other signs of underlying medical condition (fingerprick marks etc.)

**Investigations**

All or only those requiring further assessment:

ECG: (initially and repeat at 4 hours till normal).

There is little paediatric evidence for the long QT Long nomogram and standard methods of determining risk should be used.

Pathology:

Drug level

Paracetamol level in all intentional overdoses

**Acute Management**

**1.** [**Resuscitation**](about:blank)

Standard procedures and supportive care (plus anything specific or unusual e.g. Hypotension; - treat with bolus 20 mL/kg N Saline. Repeat if remains hypotensive. Ongoing hypotension – treat with noradrenaline infusion (link dose) as Adrenaline paradoxically worsens hypotension

**2. Decontamination**

Consider charcoal if massive ingestion and within 1 hour, or after airway protection.

Discuss with toxicologist

**Ongoing care and monitoring**

Ingestion <x mg/kg and < x mg/kg – monitor for x hours

Ingestion > y mg/ kg or sustained release- monitor for y hours

Enhance elimination – ineffective (or method)

Antidote – Nil (or details)

**Consider consultation with local paediatric team when**

(When to admit/consult local paediatric team, or who/when to phone)

Any child or adolescent presents with intentional overdose as admission should be considered

**Consult the Poisons Information Centre 13 11 26 for advice**

**Consider transfer when**

Children require care beyond the comfort level of the current hospital

(+ further details or advice re escalation of care beyond local centre)

**For emergency advice and paediatric or neonatal ICU transfers,** **see**[**Retrieval Services**](about:blank).

**Consider discharge when**

Advice regarding criteria for discharge and follow up

Normal GCS

Normal ECG (if required)

Period of observation as above

**Assessing risk and connecting to community services**

* Prior to discharge, adolescents who present with deliberate ingestions need a risk assessment regarding the likelihood of further ingestions or other attempts to self-harm
* Assessment of other drug and alcohol use should also be undertaken
* If, after risk assessment, it is deemed safe to discharge a child or adolescent from hospital, but ongoing mental health or drug and alcohol needs are identified, they should be linked with appropriate services

**Discharge information and follow-up:**

Parent Information: [Poisoning prevention for children](about:blank)

**Poisons Information Centre**: phone 13 11 26

Websites:

* New South Wales: [https://www.poisonsinfo.nsw.gov.au/](about:blank)
* Queensland:[https://www.childrens.health.qld.gov.au/chq/our-services/queensland-poisons-information-centre/](about:blank)
* Victoria: [http://www.austin.org.au/poisons](about:blank)

**Mental Health, Drug and Alcohol Services  
New South Wales**

[Child and Adolescent Mental Health Services:](about:blank) services delivered across NSW Health with referrals made via the NSW Mental Health Line (1800 011 511) for 24-hour advice, assessment referral information

[Youth Health and Wellbeing:](about:blank) includes links to Assessment Guideline for providers caring for young people aged 12 – 24 years across settings, as well as links to other resources

[Your room:](about:blank) information on alcohol and other drug use, including fact sheets (multiple languages), assessment tools and links to support services

**Queensland**

[Child and Youth Mental Health Services](about:blank): specialise in helping infants, children and young people up to age 18 years with complex mental health needs

[Dovetail](about:blank): provides clinical advice and professional support to workers, services and communities who engage with young people affected by alcohol and other drug use

[Queensland Youth AOD Services Guide](about:blank): created by Dovetail, this guide provides an overview of youth alcohol and other drug treatment services across Queensland. For help outside of hours, call the 24-hour Alcohol and Drug Information Service (ADIS) on 1800 177 833

[Clarence St, Mater Young Adult Health Service](about:blank): Youth drug and alcohol service

**Victoria**

[Child & Adolescent Mental Health Services (CAMHS)](about:blank): Victorian government mental health services are region-based

[YSAS (Youth Support and Advocacy Service):](about:blank) Outreach teams across Melbourne and regional Victoria for young people experiencing significant problems with alcohol and/or drug use

[YoDAA](about:blank): Victoria’s Youth Drug and Alcohol Advice service - provides information and support for youth AOD needs or anyone concerned about a young person

[Infoxchange Service Seeker](about:blank): Search for local community support services e.g. local doctor, dentist, counselling services, drug and alcohol services

**Additional notes**

Additional helpful information

Last Updated month year

***Reference List***