

OREGON HEALTH & SCIENCE UNIVERSITY / OREGON POISON CENTER
Policy 001-07

Policy and Procedures:
Utilization of Oregon Poison Center Medical Back-up Consultants

(Document associated with this policy: SOP--Before Paging Medical Backup)

Purpose

The purpose of this policy is to provide the Specialist in Poison Information (SPI) with a guideline for determining when to contact an Oregon Poison Center (OPC) consultant.

Definition--*Medical Consultant, referred to as medical back-up (MBU) in all policies:* Physician toxicologist designated as on-call medical consultant. A medical consultant will be available 24 hours/day, 7 days/week by pager. Scheduled days go from 07:00 to 07:00 the following day. Physicians designated as working after 11 pm (bold face on scheduled day) are in the OHSU Emergency Dept, and can be reached by paging or through OHSU Transfer Center at 503-494-7551.

Procedure

- For all consults, the SPI/MBU communication may be in person, over the phone, or via text paging system.
- Due to HIPAA regulations, consulting by text with a private cell phone is prohibited unless all patient identifiers are redacted and information texted is general in nature.
- The OHSU texting system (SmartWeb) should only be used to notify the MBU for non-immediate issues such as asking to call back when available to discuss a case, to give a lab value, or to give a quick update about patient's condition.
- The OHSU e-mail system should be used to notify the medical director of death cases. Reference the case number—not patient name. For more details, read Policy 001.36 Fatality Calls.
- When at all possible, references to patient cases via email or text should use case number rather than patient identifiers.
- Routing or sending an urgent case to the MBU without initial verbal discussion is unacceptable.
- Document information from the consult in case narrative and free area 1 of Toxicall.

Rules for contacting MBU:

Emergent calls (e.g. patient is in cardiac arrest)

If a SPI must get the MBU immediately, they should call the MBU on their cellphone;

If there is no answer, call the next higher-level MBU (the faculty or the medical director).

Urgent: (e.g. physician is on hold and patient has significant vital sign abnormalities--see physiologic guidelines below)

If the call is urgent and MBU is needed soon but not immediately, page MBU;

If situation becomes emergent, call MBU's cell phone;

If it remains urgent, then call MBU's cell phone after 5 minutes;

If no answer, then call the next higher-level MBU on their cell phone.

Routine: (e.g. new, currently stable case where patient has critical lab value or critical substance exposure requiring MBU contact; or to give update on stable patient already discussed with MBU)

SPIs should page the MBU

If no response in 10 minutes, SPIs page MBU again;

If no response in 10 minutes (20 minutes total), page faculty on call;

If no response by anyone in 30 minutes, page medical director.

Non-urgent: (e.g. "the ethylene glycol concentration was undetectable")

Information may be sent via SmartWeb to the fellow or faculty.

Please document the form of communication and the message contents in the Toxicall chart (e.g. "SmartWeb text sent to Dr. X to inform them that ethylene glycol concentration was not detectable")

MBU Notification Guidelines

MBU should be notified in any instance when the caller is non-compliant with our recommendation to go to a healthcare facility, and if failure to do so may constitute a significant health risk to the patient—including situations when you would like to request a welfare check to the home to further evaluate the circumstances (see *OPC Policy 001-41, Reporting Abuse*).

The MBU physician **shall** be called immediately on any **critical or unstable cases**, including **if any one** of the physiologic parameters, drug concentrations, or critical substance exposures below is met:

Physiologic Guidelines

- Refractory hypertension
- Hypotension (BP less than expected for age)
- Dysrhythmias: Ventricular tachycardia, ventricular fibrillation, Torsade
- Heart block with rate less than 50
- Seizures refractory to benzodiazepines
- Hypoxemia (pO₂ < 70)
- Persistent acidosis
- Coagulopathy with bleeding
- Severe electrolyte disorders
- Hypoglycemia
- Hyperthermia (temp > 105°)
- Acute renal failure
- Hepatic failure with encephalopathy (altered mental status)

Specific Drug Concentrations

- Aspirin > 50 mg/dL
- Acetaminophen > 600 mcg/mL
- Carboxyhemoglobin > 20%
- Ethylene Glycol > 50 mg/dL
- Iron > 500 mcg/dL
- Lithium > 2.5 mEq/L
- Methanol > 50 mg/dL
- Valproic Acid > 450 mcg/mL (450 mg/L)

(MBU Notification Guidelines—continued)

Critical Substance Exposure

Since these cases are often difficult to manage, have high morbidity or require unique treatment approaches, it is best to get MBU involved early in critical decision-making process.

The MBU physician **shall** be called immediately if there is an acute exposure to, or evidence of toxicity from, any of the following substances:

- Amanita phalloides (or any other amanitin-containing mushroom)
- Aspirin ingestion > 300 mg/kg
- Beta blocker overdose with hypotension or bradycardia
- Bromates
- Calcium channel blockers with hypotension or bradycardia
- Camphor ingestions with concentrations > 12%
- Chloroquine and hydroxychloroquine
- Colchicine
- Cyanide
- Digitalis
- Gun bluing (selenious acid)
- Hydrofluoric acid exposure concentrations > 5%
- Hydrogen sulfide
- Isoniazid
- MAO inhibitors
- Organophosphate ingestion
- Paraquat
- Podophyllin
- Strychnine
- Theophylline ingestions > 20 mg/kg

Metals

Calls to discuss prior labs obtained can be deferred to daytime.

Acute exposures to the following metals require MBU be contacted:

- Arsenic
- Mercury (Inorganic)
- Chromium
- Thallium

(MBU Notification Guidelines—continued)

Inhalation Exposure

- Arsine
- Azide
- Cyanide
- Hydrogen sulfide
- Methyl bromide
- Phosgene
- Stibine

Administrative Guidelines

The attending physician shall be called if there are issues involving non-compliance with OPC recommendations, **where failure to follow these recommendations puts the patient in a potentially unsafe situation.**

Examples include:

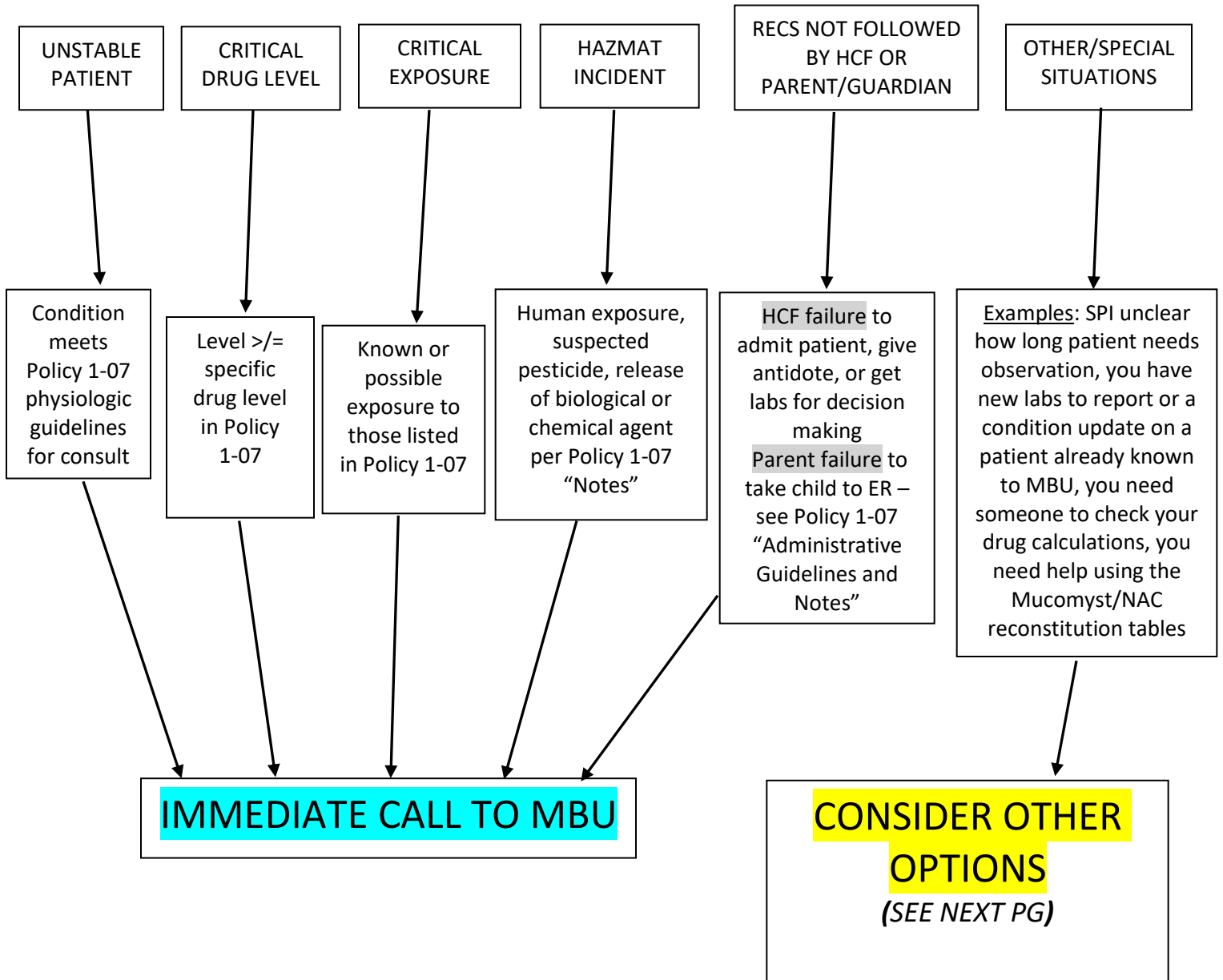
- Failure to admit
- Failure to administer an antidote
- Failure to get appropriate labs necessary for critical decision-making

Notes

- In the case of failure to obtain routine labs, such as aspirin and acetaminophen levels even in an ingestion not likely to be either of these agents, CSPIs should reiterate this recommendation on the second call-back.
- MBU shall be notified only if failure to get these labs would alter immediate clinical decision-making, such as discharge from the ER.
- MBU shall be notified if there is a HAZMAT incident involving human exposures, or involving a suspected pesticide, release of a biological or chemical agent suspected in terrorism.

SOP—Before Paging Medical Back-up

MBU should be contacted immediately for phone consult for physiologically unstable patients, very high drug levels, when critical substances are involved, with hazmat events, and/or when recommendations are not followed. In some situations we should consider other steps or resources before requesting phone consult. The graphic below shows when to **immediately contact MBU** and when to **consider other options**:



OTHER OPTIONS

- 1) USE EXISTING POLICY→be familiar with and know how to search for our existing policies—always use them first
- 2) USE MICROMEDEX→ if we have no specific policy about the exposure, you should look in MicroMedex under headings such as 'Patient Disposition' or 'Pharmacokinetics' for information to guide treatment/length of observation
- 3) USE A BUDDY→if you can't find what you need, reach out to a SPI colleague to see if they've dealt with a similar situation
- 4) USE ONE NOTE→“Quick Kinetics” section has a lot of peak/half life info not found elsewhere
- 5) USE SMART WEB PAGER TEXT OPTION→you can use OHSU's page-to-text system to give MBU info that doesn't require immediate call back

For patient confidentiality, DO NOT include any patient identifiers or Protected Health Information and DO NOT use personal cell phones

To send a **'non urgent'** message requiring call back at earliest opportunity
(e.g. an update that can wait until the next time MBU calls the center)
start the text with **'NU'** and then complete the message

To send a **'for your information'** message not requiring call back unless MBU wants to
(e.g. lab update, a patient transfer, antidote given)
start the text with **'FYI'** and then complete the message

*(Instructions for how use Smart Web pager can be found in OneNote by searching
'text backup via Smart Web Paging')*