

Toxicology Resus Scenario(s)

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
PPE	1
Confirms team competencies	1
Explains Plan	1
Summons appropriate help	1
Recognises potential toxidrome TCA – broad complex tachy, seizure, dilated pupils, hyperflexia, myoclonus CCB – brady, heart block, hypotension, high BM Digoxin – level >2.6, altered colour perception, nausea, vomit, headache, hyperkaleamia, Nerve Agent/Organophosphate – Miosis, salivation, abdo cramps, fasciculations, Opiate – pin points, low GCS Insulin – low BM Beta blocker – low BP, low HR (propranolol has Na block effect, sotalol can cause torsades). Iron – abdo pain, vomit, GI haemorrhage acidosis	2
If has a seizure asks for benzodiazepines of an appropriate dose	1
Confirms cardiac arrest	1
Starts CPR, 30:2	2
Asks for monitor to be attached, and knows positions	2
Checks Rhythm and correctly identifies	2
Asks for or confirms IV access, asks for a gas	2
If shockable rhythm gives a shock safely	2
If non-shockable rhythm asks for Adrenaline 1 in 10 000 1 mg	1
After third shock asks for Adrenaline and Amiodarone (if not Cled)	2
Is keen to give antidote as soon as possible TCA – 50-100ml of 8.4% bicarb (until pH is >7.5, Glucagon 5-10mg IV, Lignocaine 1.5mg/kg/IV. Amiodarone is Cled. Intralipid. High dose insulin. CANT be filtered. CCB – 10% Calcium gluconate 60ml, high dose insulin (0.5-5 U/kg/hr + Glucose), sodium bicarbonate, late administration of charcoal, Vt/VF should get MgSO4. Amiodarone is relatively Cled, Glucagon 5-10mg IV.. Intralipid. CANT be filtered. Digoxin – 5+5 vials of digoxin immune Fab[digiFab]. AV block – give atropine, VTs – give lidocaine 1mg/kg. Gives calcium if	2

<p>giving insulin for high K+. (If not arrests give 1.6 x mg of digoxin number of vials. CANT be filtered.</p> <p>Nerve Agent – aware some treatments must start before decontamination (atropine and ventilatory support). Atropinise with 2-4 mg IV doubled every 5 mins. Pralidoxime chloride 30mg/kg [2g] followed by infusion. Considers intralipid. Cant be filtered.</p> <p>Opiate - Naloxone 0.4mg IV, up to 4mg, then infusion</p> <p>Insulin – 50ml of 50% IV, bolus then 10% glucose at 100ml/hr, if cannot maintain will need CV line for 50% dex.</p> <p>Beta Blocker - atropine, glucagon, high dose insulin, dialysis for hyperkalaemia.</p> <p>Iron Desferrioxamine 15mg/kg/hr. Bicrab 50mmol. Iron levels <3 no des 3-5 consider des, >5 probably des. Des will mean no more iron levels. Ingested amount >20mg/kg elemental Fe tox likely, >75 Fatal >150 ARGH!</p>	
<p>Manages ROSC appropriately</p>	
<p>Thanks team</p>	
<p>Plans disposition</p>	
<p>MAX</p>	