

Implementation Tool

DIAGNOSTIC CRITERIA

• Intentional or non-intentional potentially dangerous ingestion or exposure to a pharmaceutical or chemical

 SSU/ECU ADMISSION CRITERIA Known drug overdose At least 4 hour ED observation (acute cubicle) without deterioration Specific patients discussed with on-call toxicologist for potential SSU-Etox admission: e.g.: Patients likely to require <48 hours observation or admission for their OD (e.g. resolution of sedative hypnotic drowsiness). Stable patients requiring cardiac monitoring for certain ODs that may prolong QT (e.g. citalopram - needs 12 hours of monitoring, amisulpride - needs 16-24 hours). Carbon monoxide exposures for high flow mask O2 with normal neurological exam. Paracetamol OD: see specific guideline for SSU criteria 	 SSU/ECU EXCLUSION CRITERIA Unstable vital signs Incomplete management plan Known ingestion of highly toxic or potentially fatal substance Sustained-release medication ingestion Patients requiring in-patient unit management (e.g; corrosive ingestion: Gastro-med) Suspected complication of poisoning (e.g. aspiration pneumonia, hypoxic brain injury, rhabdomyolysis) Need for decontamination procedures (e.g. whole bowel lavage) Abnormal neurological exam including risk of seizures, hallucinations, confusion or CGS <13. Cardiac arrhythmias (significant) Unstable respiratory status Ongoing suicidal intent / uncooperative with treatment Recommended patient Elderly deliberate self-poisoning
 Other patients on case to case basis 	
 BASELINE INVESTIGATIONS UECr, Glucose 12-lead ECG Paracetamol level > 4hrs post ingestion Drug levels as appropriate Vital signs as per Monitoring Vital Signs in the Emergency Department Procedure 	 SUBSEQUENT INVESTIGATIONS Serial 12-lead ECG Blood alcohol or other drug screening as appropriate Venous gases CXR if concern of aspiration pneumonia

PRESCRIBING GUIDELINES

• As required for specific overdose

HOME DISCHARGE CRITERIA	HOSPITAL ADMISSION CRITERIA	
Return of non-toxic lab values	ALL Elderly deliberate self-poisoning	
No change in normal exam	 Likely length of stay > 48 hours 	
Stable vital signs	Complication of poisoning (e.g. aspiration	
Safe psychosocial	pneumonia, cerebral hypoxic insult,	
• Discharge discussed/reviewed with on-call	rhabdomyolysis, renal impairment)	
toxicologist	 Toxic lab values requiring intervention 	

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Drug Overdose Short Stay Unit/Extended care Unit Admission (Adult)

Implementation Tool

•	Initial assessment and discharge summary
	complete on EMR
•	Discharge prescription; patient information;
	certificates
•	Ensure all allergies recorded in EMR

RELATED PROCEDURE

Emergency Department Short Stay Unit Admission and Operational (Adult)

KEYWORDS

Drug, overdose, SSU, ECU, admission, adult

Document Governance		
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