



## Overdose & Poisoning Proforma

Name:	Doctor Name:	Date:
DOB:	Doctor IMCN:	Time:
MRN:	Doctor Position:	Patient weight:
(may attach addressograph)	Doctor Signature:	

**TOXBASE Login**

Username: H1642

Password: FADE66

**Does this patient have the capacity to leave before completion of treatment?**   ☐ Yes   ☐ No

Time of assessment:\_\_\_\_\_

If no, why? \_\_\_\_\_

**If patient wishes to leave against medical advice, please reassess capacity at that time**

Deliberate ☐ Accidental ☐ Recreational ☐

Drug(s) ingested:

Drug	Dose	Number of tablets	Total dose	Dose in mg/kg	Above toxic dose?

Time since ingestion:

Staggered overdose ☐ Single acute overdose ☐

**Clinical history:**

Deliberate ☐ Accidental ☐ Recreational ☐

Drug(s) ingested:

Drug	Dose	Number of tablets	Total dose	Dose in mg/kg	Above toxic dose?

Time since ingestion:

Staggered overdose ☐ Single acute overdose ☐

**Clinical history:**

Name:

MRN:

**Physical exam:**

HR:      BP:      RR:      SpO2:      Temp:

**Psychiatric exam:**

**Description of physical appearance on case of absconding:**

**Investigations:**

ECG:

VBG:

Bloods:

Other:

**Deliberate self-poisoning**

- ☐ Referred to psychiatry
- ☐ Referred to medical social work

**Recreational self-poisoning**

- ☐ Referred to medical social work
- ☐ TUSLA (<16 or children at home)
- ☐ Drug misuse leaflet given

**Accidental self-poisoning**

- ☐ Safe for discharge
- ☐ MSW (if necessary)
- ☐ TUSLA (<16 or children at home)

**Left before completion of treatment**

- ☐ Attempt to contact patient/NOK by phone
- ☐ Advised return to ED to complete assessment/Rx
- ☐ Inform security & CNM
- ☐ Contact Gardai (case by case basis)
- ☐ Complete incident form

**Useful numbers**

Medical registrar on-call: #311

ICU registrar on call: 62251

Liaison psychiatry: 67948

Medical social worker: 65617

National Poisons Information Centre (NPIC): 018092566