

PROTOCOL FOR: Overdose: Nursing Management of the Patient with Acute

DESIRED

PATIENT OUTCOME: The patient will receive appropriate treatment for the suspected overdose in the Emergency Department.

CLINICAL
ASSESSMENT

AND CARE:

1. Vital signs/neuro vital signs.
2. Administer oxygen per MD order.
3. Monitor cardiac rhythm and pulse oximetry.
4. Obtain 12 - lead EKG per MD order.
5. Establish IV site(s) and administer normal saline per MD order.
6. Obtain blood and urine specimens per MD order. Perform blood glucose test. Consider serum alcohol, salicylate, acetaminophen level on all patients and urine pregnancy test in women of childbearing age. Consider urine toxicology screen on all patients.
7. Administer medications per MD order (i.e., Dextrose, Narcan, Thiamine, etc.) if indicated for unconscious patient.
8. Perform gastric lavage per MD order via orogastric or nasogastric tube, if indicated.
9. Administer activated charcoal (with or without sorbitol) per MD order if indicated.
10. Send serum level of specific suspected drug ingestion per MD order if indicated.
11. Provide a safe environment (1:1 observation, removal of clothing from room).

REPORTABLE

CONDITIONS:

1. Abnormal vital signs and/or neuro signs.
2. Deterioration in level of consciousness.

APPROVAL: Emergency Department Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 04/94
REVISION DATES: 9/96, 10/99, 11/02
REVIEW DATE: 2/06, 9/08