

This order set is intended for use in those selected patients with a suspicion of having a TCA overdose. See reference page for guidelines.

Laboratory Testing

If necessary for diagnosis

- Stat Serum tricyclic antidepressant screen (Can only detect presence or absence-not amount).

*****Physician may order a serum level (quantitative). However, serum level does not correlate with symptoms and is not available for several days. ¹*

In all cases

- Alcohol Level
- Aspirin Level
- Acetaminophen Level
- Toxicology screen (urine)
- CMP (look for decreased potassium)
- ABG (look for acidosis)
- CBC
- CXR (aspiration pneumonia or pulmonary edema)

Treatment

Activated Charcoal ²

****Recommended if within 12 hours of ingestion and if **not** already done via ED.*

Single Dose

- Activated Charcoal 1-2 g/kg. Give _____ grams now.

Multiple Dose

- Activated Charcoal 0.5-1 g/kg every 2-6 hours. Give _____ grams now.
Repeat dose in _____ hours.

Physician Signature

Date

Sodium Bicarbonate

Does patient have any of the following:

- Yes No QRS Prolongation (>0.1 sec)
- Yes No Ventricular Arrhythmias including torsades, SVT
- Yes No Hypotension
- Yes No Acidosis
- Yes No Comatose

If Yes to any of the above, Intravenous Sodium Bicarbonate is indicated.

IV Sodium Bicarbonate:

*Bolus (1-2 meq/kg): _____ meq

*Continuous infusion may be considered for maintenance of pH. Goal is to maintain arterial pH at 7.45 to 7.55. Avoid pH greater than 7.60.

Fluids^{4,5}

***Recommended to run out at maintenance rate to avoid pulmonary edema. If patient is hypotensive, norepinephrine is the recommended pressor.

Follow-Up Labs

ABG 1 hour after starting bicarb

Yes No

EKG 3 times in the first 8 hours

EKG now if not done in ED

at _____ AM/PM on _____ date

at _____ AM/PM on _____ date

EKG at 24 hours

at _____ AM/PM on _____ date

Miscellaneous

Consult Psychiatry. Indication: _____

***For Ventricular Tachycardia resistant to Sodium Bicarbonate, consider lidocaine^{4,5}

***Only consider physostigmine if the patient is in a coma and has failed other therapy^{6,7} May cause seizures and cardiac arrest.

***Prolonged cardiac resuscitation may be successful^{9,10}

***Use benzodiazepines for seizures. If not controlled use Phenobarbital.

Physician Signature

Date