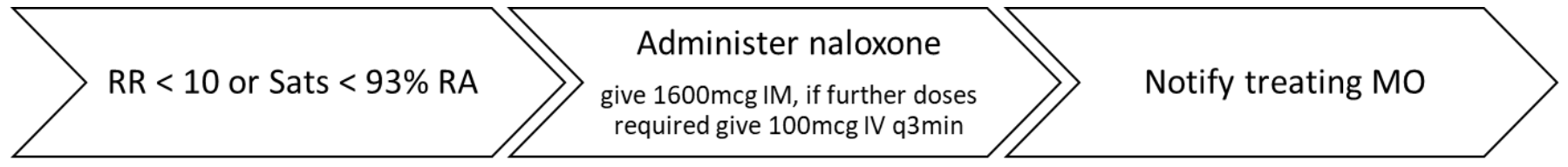




 <p>Queensland Government</p> <p>Metro South Health</p> <p>Emergency Department Opioid Poisoning Nursing Care Pathway</p>	<p>Facility:</p> <p><input type="checkbox"/> PAH</p> <p><input type="checkbox"/> Logan - Beaudesert</p> <p><input type="checkbox"/> QEH</p> <p><input type="checkbox"/> Redlands</p> <p><input type="checkbox"/> Other:</p>	<p style="text-align: right;">(Affix identification label here or complete if E-form)</p> <p>URN:</p> <p>Family name:</p> <p>Given name(s):</p> <p>Address:</p> <p>Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p>
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INTERVENTION	INITIAL
For patients managed with suspected recreational exposure or deliberate self-poisoning of opioids including heroin, morphine, fentanyl, oxycodone, codeine, buprenorphine, methadone, hydrocodone, tramadol and tapentadol	
Ensure patient is on continuous oximetry	
Avoid supplemental oxygen unless there is clear evidence of aspiration	
Commence vital signs monitoring - q5min for 15 min following naloxone, then q15min thereafter for 2 hours and q30min for 2 hours (total 4 hours following naloxone)	



Time	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sats														
RR														
Naloxone	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Dose														



Queensland
Government

Metro South Health

**Emergency Department
Opioid Poisoning Nursing Care
Pathway**

(Affix identification label here or complete if E-form)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Time	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sats														
RR														
Naloxone	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Dose														

Time	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sats														
RR														
Naloxone	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Dose														

Time	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sats														
RR														
Naloxone	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Dose														