TOXIN TRIAGE



	Simply print off, complete with as much de	etail as possible and pass to the clinical team
	Completed by:	Time of call:
	Owner's name:	Contact no:
IHE PAIIENI	Name: Body Weight (if known): Species: Is your pet showing any symptoms? If yes, what?	Age: Breed: Y
	CATIO	- Ulm
	Name of product/substance: Active ingredient(s): Type of exposure: Oral/ingested Skin/topical Eye Are there any other pets that have/could have been exposed? Y N (If yes, obtain their details too on a separate form) How much has your pet been exposed to? (e.g. volume, weight, no. of tablets etc) What is the strength/concentration of the toxin, including the unit?	
	(e.g. %, mg, mg/ml)?	
IHE ACIION	 Advise them to STOP any further ingestion/exposure of the toxin: Remove the dangerous substance from the pet(s) or vice versa It is NOT advisable for owners to try and make their pet(s) vomit at home Fit an Elizabethan Collar or wrap in a towel if skin/fur contamination Present this information to the vet team who will decide whether the patient needs to be seen immediately* 	
	 If instructed, book an emergency appointment for the pet(s) to be brought straight in. Estimated time of arrival: 	
	 4. Does the caller still have access to the If Yes, instruct caller to bring in labels/pa If No, request they bring in a sample of v 	ckaging + secure sample of toxin.