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**INDUSTRY STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

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**Emergency rescue codes for druggery poisoning in sanitary
treatment at frontier ports**

国境口岸常用卫生处理药物中毒急救规程

(English Translation)

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Foreword

Appendix A and Appendix B of this standard are normative appendices, and Appendix C is an informative appendix.

This standard is proposed and managed by the National Certification and Accreditation Administration.

This standard was drafted. Xiamen Entry-Exit Inspection and Quarantine Bureau of the People's Republic of China, Shandong Entry and Exit Inspection of the People's Republic of China Epidemic situation.

1 Scope

This standard stipulates the diagnosis and treatment of common health treatment drugs poisoned at border ports.

This standard is applicable to the emergency treatment of patients with common medical treatment poisoning at border ports.

2 Diagnosis and treatment principles

After a sanitary poisoning incident occurs, the site should be evacuated, the source of the poison should be ascertained as soon as possible, and the diagnosis should be confirmed

to facilitate targeted treatment. And according to clinical Performance, while rescuing patients to find the cause of the incident, so as not to delay the timing of treatment. The main point of treatment is to maintain heart, brain and lung function, protection Important organs, as well as symptomatic supportive care. After initial rescue on the spot, the patient was transferred to a nearby hospital under the close supervision of medical staff.

For further treatment, see Appendix A for specific clinical emergency.

3.1 Medical history

When an acute poisoning person is found, the patient or the relevant person should firstly ask the patient's medical history to understand the poisoning time and the poisoning original.

Because of the type of poison, the dose, the time of symptom onset and its development process.

3.2 Physical examination

Patients should be given a general physical examination, and pay attention to the specific performance of toxic poisoning, such as the pupillary contraction that occurs during organophosphate poisoning.

Specific manifestations of small, hyperhidrosis, salivation, and muscle fiber tremor.

3.3 Laboratory inspection

Excreta, vomit, gastric juice, blood, and remaining food are selected for toxicant identification, and necessary specific tests are performed according to clinical manifestations.

If it is suspected to be organophosphate poisoning, it is determined by blood cholinesterase activity.

3.4 Site investigation

When the medical history data is incomplete, or the symptoms and signs of poisoning are in contradiction with the suspected poisons, an on-site investigation should be conducted with the relevant departments.

4.1 Evacuation site

After the poisoning incident, all personnel in the polluted area should be quickly transferred to a safe area where the wind is on the poison source to prevent the poison from entering the area.

Step intrusion. The patient should be quickly classified according to the patient's condition,

and corresponding signs should be made to ensure the treatment of critically ill patients.

Record B; At the same time, the observation of the general wounded should be strengthened, and the necessary inspections and treatments should be given regularly to avoid delays in treatment. Rescue workers are advancing when performing on-site treatment, appropriate personal protective equipment should be worn according to the actual situation, and work should be carried out in strict accordance with the regional division.

4.2 Removal of poisons

When the skin is burned by acid or alkaline chemicals or contaminated with chemicals that are easily absorbed through the skin, immediately remove contaminated clothing (including Intimate underwear, shoes and gloves, rinse with plenty of running water, and pay attention to cleaning contaminated hair. Avoid washing with hot water. Chemical If it is splashed into the eyes, it should be rinsed thoroughly with sterile saline to reduce tissue damage. For places without clean water, tap water can also be used.

Rinse, rinse time is not less than 10min ~ 15min; inhalation poisoning patients should be immediately sent to the fresh air, let the patient rest quietly, keep the airway is unobstructed and oxygen is given if necessary. Oral poisoning patients use methods to stimulate the posterior pharyngeal wall and other methods to induce vomiting.

4.3 Cardiopulmonary resuscitation

After the patient is rescued from the poison site, if there is a heart or breathing stops, cardiopulmonary resuscitation should be performed immediately. See Appendix C for details.