

Poisoning

Some poisonings are readily recognized and present no problem in detection. At times, however, poisoning symptoms resemble those of natural illnesses, and the occurrence of the poisoning may be difficult to detect. The investigator should always be alert for clues which may suggest poisoning, whether it is intentional or accidental.

Caution: Observe protocols relating to the collection of evidence.

Poisoning - Human

I. Procedure Relating to the Scene

Thoroughly search the immediate area for containers (medicine bottles, drinking glasses, spoons, hypodermic syringes, needles, aerosol containers, etc.), taking care to preserve any fingerprints which may be on the evidence. The last food items consumed may be considered evidence in some poisonings (see Section III, A.5 below).

II. Procedure Relating to Victim

- A. Note any symptoms (vomiting, shivering, unconsciousness, unusual color, or rigor mortis).
- B. If toxic symptoms are closely associated with the ingestion of food or drink, collect a reasonable portion (8 ounces) of these items.
- C. If victim is living, have a physician recover blood and urine specimens.
- D. If victim is dead, a complete autopsy must be performed. Tissue and other specimens should be collected and packaged. These specimens should include:
 1. Blood. Collect at least 20 milliliters (mLs) in gray-top blood tubes. If prescription drugs are suspected, an ad-

ditional 5-10 mLs of blood should be collected from a peripheral site (e.g. femoral vein) in a gray-top blood tube.



Fig. 31-1 Grey top blood tube

2. Urine. Collect entire contents of the bladder in a glass jar. If urine volume is less than 15 mLs or is unavailable, collect a kidney sample (100 grams in a glass jar).
3. Stomach contents. Collect the entire contents, or measured portion of the stomach contents in a glass jar. If only a portion of the stomach contents is submitted, mark what fraction is submitted (e.g., 1/2 of total contents submitted) on the label.
4. Liver. At least 100 grams in glass jar (approximately 3-4 oz.).
5. Hair. Collect a large sample (see [Chapter 23 - Hairs and Fibers](#)).
6. Ante mortem blood and urine. In cases involving significant hospital stays collect the earliest samples drawn by medical personnel.
7. Eye fluid (vitreous humor). 1-5 mLs in a gray-top blood tube.
8. Bile. Collect 5 mLs in a gray-top blood tube.

III. Supplementary Information Procedure

- A. Record information from victim's family or other sources:
 1. Name, age, sex, and weight of victim.
 2. Date and approximate time victim was last seen.
 3. Type and quantity of substance that may be related to the cause of death.
 4. Other drugs or medicines available to the victim in the three days prior to the onset of symptoms. Document the contents of the medicine cabinet. For prescription drugs include the prescription dates, the amount prescribed (e.g., number of pills) and amount of medicine remaining.

5. If death was sudden, obtain details of last known food or meal.
 6. List date and time deceased was found.
- B. Record/collect the following medical information:
1. Victim's medical history, including a list of all medications used.
 2. Attending physician's observations and treatment of victim prior to death.
 3. The autopsy report including the pathologist's observations and conclusions.
 4. If resuscitative attempts were made, list all drugs administered by medical personnel.

Poisoning - Animal

Cases of non-felony animal poisoning should not be submitted to the Laboratory. The Wisconsin Veterinary Diagnostic Laboratory handles animal poisoning cases. Their telephone number is (608) 262-5432.

Notes