A standardized scale for grading the severity of poisoning allows qualitative evaluation of morbidity caused by poisoning, better identification of real risks and comparability of data. The PSS has been published externally.¹

**Instructions**

The PSS is a classification scheme for cases of poisoning in adults and children. This scheme should be used for the classification of acute poisonings regardless of the type and number of agents involved. However, modified schemes may eventually be required for certain poisonings and this scheme may then serve as a model.

The PSS should take into account the overall clinical course and be applied according to the most severe symptomatology (including both subjective symptoms and objective signs). Therefore it is normally a retrospective process, requiring follow-up of cases. If the grading is undertaken at any other time (e.g. on admission) this must be clearly stated when the data are presented.

The use of the score is simple. The occurrence of a particular symptom is checked against the chart and the severity grading assigned to a case is determined by the most severe symptom(s) or sign(s) observed.

Severity grading should take into account only the observed clinical symptoms and signs and it should not estimate risks or hazards on the basis of parameters such as amounts ingested or serum/plasma concentrations.

The signs and symptoms given in the scheme for each grade serve as examples to assist in grading severity.

Treatment measures employed are not graded themselves, but the type of symptomatic and/or supportive treatment applied (e.g. assisted ventilation, inotropic support, haemodialysis for renal failure) may indirectly help in the evaluation of severity. However, preventive use of antidotes should not influence the grading, but should instead be mentioned when the data are presented.

Although the scheme is, in principle, intended for grading of acute stages of poisoning, if disabling sequelae and disfigurement occur, they would justify a high severity grade and should be commented on when the data are presented. If a patient's past medical history is considered to influence the severity of poisoning this should also be commented on.

Severe cases resulting in death are graded separately in the score to allow a more accurate presentation of data (although it is understood that death is not a grade of severity but an outcome).

**Severity Grades**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>NONE (0):</td>
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<tr>
<td>MINOR (1):</td>
<td>Mild, transient and spontaneously resolving symptoms</td>
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<td>MODERATE (2):</td>
<td>Pronounced or prolonged symptoms</td>
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<td>SEVERE (3):</td>
<td>Severe or life-threatening symptoms</td>
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<td>FATAL (4):</td>
<td>Death</td>
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<th>ORGAN</th>
<th>NONE</th>
<th>MINOR</th>
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<td>Massively haemorrhage, perforation</td>
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<td>1st degree burns of critical localization or 2nd and 3rd degree burns</td>
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<td>More widespread 2nd and 3rd degree burns</td>
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<td>3</td>
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<td>dyspnoea, stridor, hypoxemia requiring extra oxygen</td>
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<td>Death</td>
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<tr>
<td>Blood</td>
<td>• Mild haemolysis</td>
<td>• Haemolysis</td>
<td>• Massive haemolysis</td>
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<td></td>
<td>• Mild methaemoglobinemia (metHb ~10-30%)</td>
<td>• More pronounced methaemoglobinemia (metHb ~30-50%)</td>
<td>• Severe methaemoglobinemia (metHb &gt;50%)</td>
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<td></td>
<td>• Coagulation disturbances without bleeding</td>
<td>• Coagulation disturbances with bleeding</td>
<td>• Severe anaemia, leukopenia, thrombocytopenia</td>
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<td>• Anaemia, leukopenia, thrombocytopenia</td>
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<tr>
<td>Muscular system</td>
<td>• Mild pain, tenderness</td>
<td>• Pain, rigidity, cramping and fasciculation</td>
<td>• Intense pain, extreme rigidity, extensive cramping and fasciculation</td>
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<td></td>
<td>• CPK ~250-1,500 iu/l</td>
<td>• Rhabdomyolysis, CPK ~1,500-10,000 iu/l</td>
<td>• Rhabdomyolysis with complications, CPK ~&gt;10,000 iu/l</td>
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<td>• Compartment syndrome</td>
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<td>Local effects on skin</td>
<td>• Irritation, 1&lt;sup&gt;st&lt;/sup&gt; degree burns (reddening) or 2&lt;sup&gt;nd&lt;/sup&gt; degree burns in &lt;10% of body surface area</td>
<td>• 2&lt;sup&gt;nd&lt;/sup&gt; degree burns in 10-50% of body surface (children: 10-30%) or 3&lt;sup&gt;rd&lt;/sup&gt; degree burns in &lt;2% of body surface area</td>
<td>• 2&lt;sup&gt;nd&lt;/sup&gt; degree burns in &gt;50% of body surface (children: &gt;30%) or 3&lt;sup&gt;rd&lt;/sup&gt; degree burns in &gt;2% of body surface area</td>
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<tr>
<td>Local effects on eye</td>
<td>• Irritation, redness, lacrimation, mild palpebral oedema</td>
<td>• Intense irritation, corneal abrasion</td>
<td>• Corneal ulcers (other than punctate), perforation</td>
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<td></td>
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<td>• Minor (punctate) corneal ulcers</td>
<td>• Permanent damage</td>
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<td>Local effects from bites and stings</td>
<td>• Local swelling, itching</td>
<td>• Swelling involving the whole extremity, local necrosis</td>
<td>• Swelling involving the whole extremity and significant parts of adjacent area, more extensive necrosis</td>
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<td>• Mild pain</td>
<td>• Moderate pain</td>
<td>• Critical localization of swelling threatening the airways</td>
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<td>• Extreme pain</td>
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