Poisoning/Overdose

FIELD TREATMENT GUIDELINE M-09

INDICATION

- Poisoning: May be the result of exposure to toxic substances from ingestion, inhalation, injection or skin absorption.
- Overdose: Is the result of an individual's intentional / accidental exposure to an excessive or dangerous dose of a pharmacological substance(s).

BLS

- Follow **General Medical Care M-01**.
- For pediatric patients, follow **General Pediatric Care P-01**.
- Contact Poison Control Center (if necessary): 1-800-404-4646

SUSPECTED OPIOID OVERDOSE

- In the presence of altered mental status (GCS <15) and respiratory efforts are depressed (<8/min).
- **Naloxone:** *Adult:* 2 mg IN May repeat every 3-5 minutes, titrated to reverse respiratory depression. Max total dose of 8 mg.

  Pediatric: IN; titrate to reverse respiratory depression
  Administer according to PediaTape weight calculation and **Pediatric Medication Reference Cards**.

ALS

SUSPECTED OPIOID OVERDOSE:

- In the presence of altered mental status (GCS <15) and respiratory efforts are depressed (<8/min).
- **Naloxone:** *Adult*: 0.4-2 mg IV/IO May repeat every 3-5 minutes, titrated to reverse respiratory depression. Max total dose of 8 mg.

  2mg IN/IM. May repeat every 3-5 minutes. For IN administration, divide evenly into each nare. Max total dose of 8 mg.

  Pediatric: IV/IO/IN/IM; titrate to reverse respiratory depression.
  Administer according to PediaTape weight calculation and **Pediatric Medication Reference Cards**.

CAUSTIC SUBSTANCES (ACIDS/ALKALI):

- No specific ALS treatment is recommended.

HYDROCARBONS (KEROSENE, GASOLINE, LIGHTER FLUID, TURPENTINE, FURNITURE POLISH, ETC.):

- No specific ALS treatment is recommended.

INSECTICIDES (ORGANOPHOSPHATES, CARBONATES):

- Skin exposure: Decontaminate patient as soon as possible
- Evaluate for severe reaction using SLUDGEM (see below):

ALS

Atropine: *Adult*: 2.0 mg slow IV/IO/IM. May repeat once in 5 minutes, MAX total dose of 4.0 mg. IM administration should only be considered if unable to establish IV/IO.

Pediatric: IV/IO/IM; may repeat once in 5 minutes.

Administer according to PediaTape weight calculation and **Pediatric Medication Reference Cards**.

TRICYCLIC ANTIDEPRESSANTS: (amitriptyline, nortriptyline, etc.)

- Anticipate rapid deterioration of condition.
- In the presence of life-threatening dysrhythmias (hemodynamically significant supraventricular rhythms, ventricular dysrhythmias):
  - Hyperventilate if assisting ventilations or if intubated
  - **Sodium Bicarbonate**: *Adult*: 100 mEq IV/IO. Repeat dosing every 5 minutes until there is QRS narrowing and clinical improvement.

    Pediatric: IV/IO; base order required for repeat dosing. Administer according to PediaTape weight calculation and **Pediatric Medication Reference Cards**.

PHENOTHIAZINE/DYSTONIC REACTIONS: (haloperidol, chlorpromazine, prochlorperazine, etc.)

- **Diphenhydramine**: *Adult*: IV/IO 25mg. May repeat once in 5 minutes.
  IM: 50 mg. No repeat doses

  Pediatric: IV/IO/IM; base order required for repeat dosing. Administer according to PediaTape weight calculation and **Pediatric Medication Reference Cards**.

SUSPECTED SMOKE INHALATION/CARBON MONOXIDE/CYANIDE TOXICITY:

- Refer to **Smoke Inhalation/CO Monitoring & Cyanide Toxicity M-10**.

KEY CONCEPTS

- Early notification to the receiving facility allows for appropriate preparation to receive the patient.
- Potential symptoms of organophosphate exposure: SLUDGEM:

  S – Salivation
  L – Lacrimation
  U – Urination
  D - Defecation
  G – Gastro-Intestinal Irritation
  E – Emesis
  M – Miosis
- Prehospital personnel should avoid contamination to poisons and wait for patients to be appropriately decontaminated prior to providing treatment.
- Patients presenting with related symptoms should be treated by appropriate treatment guidelines (shock, seizures, etc.).
- Naloxone should only be administered if both mental status and respiratory effort are depressed. Administration should always be titrated to ensure an adequate respiratory rate not to restore consciousness.
- Use caution when administering naloxone to narcotic-dependent patients as it may cause acute withdrawal. This includes administration to neonates of narcotic-addicted mothers
- Naloxone is an antagonist only to opioid narcotics and is not effective with other medications.
- Continuous $ETCO_2$ monitoring should be used.