2.10 POISONING AND OVERDOSE – *EMSAC February 2023*

BLS Treatment – General Guidelines

- Position of comfort.
- NPO except as noted below.
- **Oxygen** as indicated.

ALS Treatment – General Guidelines

- Establish IV/IO, **Normal Saline** at TKO.
- For nausea / vomiting, may administer **Ondansetron**.

BLS and ALS Treatment for Specific Poisoning and Overdose Incidents
Follow Treatment Guidance Based on Provider Level

NARCOTICS/OPIATE OVERDOSE
(e.g. Heroin, Demerol, Methadone, Morphine, Fentanyl, Dolophine, Darvocet, Darvon, Propoxyphene, Oxycodone, Oxycontin, Oxyir, Percocet)

Assess for symmetrical, pinpoint pupils, respiratory depression/apnea, decreased level of consciousness, bradycardia, hypotension and decreased muscle tone:

- For suspected overdose with respiratory depression not responsive to BLS airway interventions: **Naloxone**
- Consider EMS-Distributed Leave Behind Naloxone under Policy 2.03 Altered Mental Status
- After administering Naloxone, assess for possible opiate withdrawal.

CARBON MONOXIDE

- Administer high-flow **Oxygen** via NRB. Assist ventilations with BVM as needed.
- Do NOT withhold **Oxygen** therapy for patients with respiratory compromise and "normal" pulse oximeter values.

CALCIUM CHANNEL or BETA BLOCKER TOXICITY
(e.g. Verapamil, Metoprolol)

Assess for bradycardia, hypotension and shock; apply and assess 12-lead EKG:

- **Activated Charcoal**
- **Calcium Chloride** as indicated for Calcium Channel Blocker overdose.
- **Glucagon** as indicated for Beta Blocker Toxicity.

TRICYCLIC ANTIDEPRESSANTS
(e.g. Elavil, Amitriptyline, Etrafon, Pamelor, Nortriptyline)

- **Oxygen** as indicated.
- If SBP <90, seizure, and/or QRS widening > 0.10 seconds is present: **Sodium Bicarbonate**

ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION
(e.g. Haldol, Haloperidol)

Assess for fixed, deviated gaze to one side of body, painful spasm of trunk or extremity muscles and/or difficulty speaking:

- **Diphenhydramine**

CYANIDE

Assess for nausea, headache, anxiety, agitation, weakness, muscular trembling, seizures, apnea, soot around mouth or airway:

- Remove contaminated clothing. Do NOT transport with patient.
- Give **Hydroxocobalamin** for suspected overdose and if available.
- Hydroxocobalamin is not routinely stocked on the ambulances but is available in your provider disaster caches. Transport patient to receiving hospital for treatment if there is any delay in ability to administer **Hydroxocobalamin**.

ORGANOPHOSPHATES
(e.g. Malathion)

Assess for "SLUDGE": (Salivation, Lacrimation, Urination, Diaphoresis/Diarrhea, Gastric hypermotility, Emesis/Eye (small pupils, blurry vision). Severe exposures may result in decreased level of consciousness, fasciculation/muscle weakness, paralysis, seizures:

- Administer **Atropine** until SLUDGE symptoms subside.
- Treat seizures with **Midazolam.**

NERVE AGENTS
(e.g. VX, Sarin, Soman, Tabun)

Same as signs/symptoms as Organophosphate Poisoning (see above).

- Administer **Atropine** until SLUDGE symptoms subside.
- If available, administer **DuoDote** [**Atropine/Pralidoxime (2-PAM)] Autoinjector** IM in using dosing table below:

DuoDote (2-PAM) Dosing Estimator *DuoDote = Atropine 2.1mg / Pralidoxime 600mg*		
Do NOT Use Atropine/2-PAM Injector	**Use Between 1 – 3 Atropine/2-PAM Injectors IM**	**Use 3 Atropine/2-PAM Injectors IM**
• No signs of life • Fits non-resuscitation group (expectant) due to other concomitant injury	Titrate dose based on 1 or more SLUDGE signs and: • Elderly • Children appearing under age 14 • Prolonged extrication (may require more than 3 autoinjectors)	• Exhibiting 2 or more SLUDGE signs OR • Non-ambulatory
Bronchospasm and respiratory secretions are the best acute symptoms to monitor response to Atropine/2-PAM therapy: • Decreased bronchospasm and respiratory secretions = getting better. • No change or increased bronchospasm and respiratory secretions = Base Hospital Contact for administration of additional medication, in excess of listed Maximum Dosage.		

Comments
• May contact **Poison Control** at **1-800-222-1222** if substance is unknown.

Base Hospital Contact Criteria
• Contact Base Physician if Poison Control recommends treatment outside of current protocols. • Suspected Narcotic overdose not responsive to max doses of **Naloxone**. • Bradycardia and/or hypotension caused by a CALCIUM CHANNEL BLOCKER: **Calcium Chloride**. • Bradycardia and/or hypotension caused by a BETA BLOCKER: **Glucagon**.