

BLS

- Ensure patent airway
- O₂ Saturation prn
- O₂ and/or ventilate prn
- Carboxyhemoglobin monitor prn, if available

Ingestions:

- Identify substance

Skin:

- Remove clothes
- Brush off dry chemicals
- Flush with copious water

Toxic Inhalation (CO exposure, smoke, gas etc.):

- Move patient to safe environment
- 100% O₂ via mask
- Consider transport to facility with hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient

Symptomatic suspected opioids OD with respiratory rate <12: use with caution in opioid dependent pain management patients)

- May assist family or friend to medicate with patient's own Naloxone

Contamination with commercial grade ("low level") radioactive material:

Patients with mild injuries may be decontaminated (removal of contaminated clothing, brushing off of material) prior to treatment and transport. Decontamination proceedings SHALL NOT delay treatment and transport of patients with significant or life-threatening injuries. Treatment of significant injuries is *always* the priority.

ALS

- Monitor EKG
- IV/IO SO adjust prn
- Capnography SO prn

Ingestions:

- Charcoal 50Gm PO ingestion with any of the following within 60 minutes SO if not vomiting:

Acetaminophen, colchicine, beta blockers, calcium channel blockers, salicylates, valproate, oral anticoagulants (including rodenticides), paraquat, amanita mushrooms,

- Assure patient has gag reflex and is cooperative.

Symptomatic suspected opioids OD with respiratory rate <12: (use with caution in opioid dependent pain management patients).

- Narcan 2mg IN/IM/IV SO. MR SO, titrate IV dose to effect
- If patient refuses transport, give additional Narcan 2mg IM SO

Symptomatic Organophosphate poisoning:

- Atropine 2mg IV/IM/IO SO. MR x2 q3-5" SO. MR q3-5" BHO

Extrapyramidal reactions:

- Benadryl 50mg slow IV/IM SO

Suspected Tricyclic OD with cardiac effects (e.g. hypotension, heart block, or widened QRS):

- NaHCO₃ 1mEq/kg IV/IO SO

In suspected cyanide poisoning: if cyanide kit is available on site (e.g. industrial site) may administer if patient is exhibiting significant symptoms:

- Amyl Nitrite inhalation (over 30 seconds) *BHPO*
 - Sodium Thiosulfate 25%, 12.5 grams IV *BHPO*
- OR**
- Hydroxocobalamin (Cyanokit) 5g IV *BHPO*

NOTE: For scene safety, consider HAZMAT activation as needed.

In symptomatic ?opioids OD (excluding opioid dependent pain management patients) administer Narcan IN/IM prior to IV.

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Approved:



EMS Medical Director

BLS

ALS

<p><u>Hyperthermia from Suspected Stimulant Intoxication:</u></p> <ul style="list-style-type: none">• Initiate cooling measures• Obtain baseline temperature, if possible	<p><u>Excited Delirium:</u></p> <ul style="list-style-type: none">• As soon as able: Monitor/EKG/Capnography• High flow O₂ <u>SO</u>• Ventilate <u>SO</u>• 500 ml fluid bolus IV/IO <u>SO</u>. MR x1 <u>SO</u>, MR BHO• Versed 5mg IM/IN/IV <u>SO</u>, MR x1 in 10" <u>SO</u>
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Note: For agitated patient IN/IM Versed is preferred route to decrease risk of injury to patient and personnel.

Use caution when considering Versed use with ETOH intoxication. Can result in apnea.

