

BLS

ALS

- 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

Inhalation of Smoke/Gas/Toxic Substance:

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

Symptomatic suspected opioid OD:

- May assist family or friend to medicate with patients own Naloxone

- Monitor EKG
- IV/IO SO adjust prn

Ingestions:

- Charcoal per drug chart PO if ingestion within 60 minutes and recommended by Poison Center SO,
- Assure child has gag reflex and is cooperative.
- In oral hypoglycemic agent ingestion any change in mentation requires blood glucose check or recheck, SO

Symptomatic suspected opioid OD (excluding opioid dependent pain management patients):

- Narcan per drug chart IN/IV/IM SO. MR SO

Symptomatic suspected opioid OD in opioid dependent pain management patients:

- Narcan titrate per drug chart IV (dilute per drug chart) or IN/IM SO. MR BHO

Symptomatic organophosphate poisoning:

- Atropine per drug chart IV/IM/IO SO. MR x2 q3-5" SO. MR q3-5" prn BHO

Extrapyramidal reactions:

- Benadryl per drug chart slow IV/IM SO

Suspected Tricyclic OD with cardiac effects (hypotension, heart block, widened QRS):

- NaHCO₃ per drug chart IV x1 BHO

NOTE: For scene safety, consider HAZMAT activation as needed
In symptomatic suspected opioids OD (excluding opioid dependent pain management patients) administer Narcan IN/IM prior to IV

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Approved:



EMS Medical Director