

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES  
 POLICY / PROCEDURE / PROTOCOL

Number S-134  
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SUBJECT: TREATMENT PROTOCOL  
 POISONING / OVERDOSE

Date 07/01/2021

**BLS**

**ALS**

- Ensure patent airway
- O<sub>2</sub> saturation PRN
- O<sub>2</sub> and/or ventilate PRN
- Carboxyhemoglobin monitor PRN, if available

**Ingestions**

- Identify substance
- Transport pill bottles and containers with patient, PRN

**Skin contamination\***

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

**Toxic inhalation (e.g., CO exposure, smoke, gas)**

- Move patient to safe environment
- 100% O<sub>2</sub> via mask
- Consider transport to facility with hyperbaric chamber for suspected CO poisoning, particularly in unconscious or pregnant patients

**Symptomatic suspected opioid OD with RR <12. Use with caution in opioid-dependent, pain-management patients.**

- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril

**OR**

- Naloxone 2 mg via atomizer and syringe. Administer 1 mg into each nostril.

EMTs may assist family or friend to medicate with patient's prescribed naloxone in **symptomatic suspected opioid OD**

**Hyperthermia from suspected stimulant intoxication**

- Initiate cooling measures
- Obtain baseline temperature, if possible

- Monitor/EKG
- IV/IO SO
- Capnography SO PRN

**Ingestions**

- Assure patient has gag reflex and is cooperative
- If not vomiting and within 60 min, activated charcoal 50 gm PO ingestion with any of the following SO:
  1. Acetaminophen
  2. Colchicine
  3. Beta blockers
  4. Calcium channel blockers
  5. Salicylates
  6. Sodium valproate
  7. Oral anticoagulants (including rodenticides)
  8. Paraquat
  9. Amanita mushrooms

**Symptomatic suspected opioid OD with respiratory depression (RR<12, SpO<sub>2</sub><96%, or EtCO<sub>2</sub>≥40 mmHg). Titrate slowly in opioid-dependent patients.**

- Naloxone 2 mg IN/IM/IV SO, MR SO. Titrate IV dose to effect, **to drive the respiratory effort**
- If patient refuses transport, give additional naloxone 2 mg IM SO
- If patient refuses transport, consider dispensing Leave Behind Naloxone 4 mg nasal spray preloaded device with education for patient and household members SO

**Symptomatic organophosphate poisoning**

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

**Extrapyramidal reactions**

- Diphenhydramine 50 mg slow IV/IM SO

**Suspected tricyclic antidepressant OD with cardiac effects (e.g., hypotension, heart block, or widened QRS)**

- NaHCO<sub>3</sub> 1 mEq/kg IV/IO SO

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**Suspected beta blocker OD with cardiac effects  
(e.g., bradycardia with hypotension)**

- Glucagon 1-3 mg IV BHO, MR 5-10 min BHO, for a total of 10 mg

**Suspected calcium channel blocker OD  
(SBP <90 mmHg)**

- CaCl<sub>2</sub> IV/IO 20 mg/kg BHO, MR x1 in 10 min BHO

**Suspected cyanide poisoning**

If cyanide kit available on site (e.g., industrial site), may administer if patient is exhibiting significant symptoms

- Amyl nitrite inhalation (over 30 seconds) SO
- Sodium thiosulfate 25%, 12.5 gm IV SO **or**
- Hydroxocobalamin (CYANOKIT®) 5 gm IV SO

⊕ Per Title 22, Chapter 1.5, § 100019 public safety personnel may administer nasal naloxone when authorized by the County of San Diego EMS Medical Director.

\* For radioactive material, treatment of traumatic injuries takes precedence over decontamination