## TREATMENT PROTOCOL

### BLS
- Ensure patent airway
- \(O_2\) saturation PRN
- \(O_2\) 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% \(O_2\) 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.

### Hyperthermia from suspected stimulant intoxication
- Initiate cooling measures
- Obtain baseline temperature, if possible

## ALS
- 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_2<96\%), or \(EtCO_2\geq40\) 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)
- \(NaHCO_3\) 1 mEq/kg IV/IO SO
<table>
<thead>
<tr>
<th>Suspected beta blocker OD with cardiac effects (e.g., bradycardia with hypotension)</th>
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<tbody>
<tr>
<td>• Glucagon 1-3 mg IV BHO, MR 5-10 min BHO, for a total of 10 mg</td>
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<th>Suspected calcium channel blocker OD (SBP &lt;90 mmHg)</th>
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<tr>
<td>• CaCl₂ IV/IO 20 mg/kg BHO, MR x1 in 10 min BHO</td>
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<th>Suspected cyanide poisoning</th>
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<td>If cyanide kit available on site (e.g., industrial site), may administer if patient is exhibiting significant symptoms</td>
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<tr>
<td>• Amyl nitrite inhalation (over 30 seconds) SO</td>
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<tr>
<td>• Sodium thiosulfate 25%, 12.5 gm IV SO or Hydroxocobalamin (CYANOKIT®) 5 gm IV SO</td>
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* 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