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.

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

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 $EtCO_2$ ≥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)
- $NaHCO_3$ 1 mEq/kg IV/IO SO

	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)** • $CaCl_2$ 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