**BLS**

- Ensure patent airway
- O₂ saturation PRN
- O₂ 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% O₂ 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 low for age. Use with caution in opioid-dependent, pain-management patients.**

Patients <35 kg (77 lbs)
- Ventilate PRN
- Call for ALS

Patients ≥35 kg
- 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**

**ALS**

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

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

**Symptomatic suspected opioid OD with respiratory depression (RR low for age, SpO₂<96%, or EtCO₂ ≥40 mmHg)**
- Naloxone per drug chart IN/IV/IM SO, MR SO
- In opioid-dependent patients, dilute and titrate slowly per drug chart

**Symptomatic organophosphate poisoning**
- Atropine per drug chart IV/IM/IO SO, MR x2 q3-5 min SO. MR q3-5 min PRN BHO.

**Extrapyramidal reactions**
- Diphenhydramine per drug chart slow IV/IM SO

**Suspected tricyclic antidepressant OD with cardiac effects (e.g., hypotension, heart block, or widened QRS)**
- NaHCO₃ per drug chart IV x1 BHO

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*Authorized by County of San Diego EMS Medical Director for public safety personnel per Title 22, Chapter 1.5, § 100019

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