

POISONING / OVERDOSE

ALS

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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

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

- 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

^eAuthorized 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