



POISONING / OVERDOSE

Date: 7/1/2025

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BLS

ALS

- Ensure patent airway
- O2 saturation PRN
- O2 and/or ventilate PRN
- Monitor blood glucose 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 <12. Use with caution in opioid-dependent, pain-management patients<sup>Ⓐ</sup>**

- 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 temperature, if possible

- Monitor/ECG
- IV/IO <sup>Ⓐ</sup>
- Capnography

**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 <sup>Ⓐ</sup>:
  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
  10. Recommendation by Poison Control Center

**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, MR <sup>Ⓐ</sup>. Titrate IV dose to effect, **to drive the respiratory effort**
- OR**
- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril, MR <sup>Ⓐ</sup>
- If patient refuses transport, give additional naloxone 2 mg IM <sup>Ⓐ</sup>
- OR**
- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril, MR <sup>Ⓐ</sup>

**Symptomatic organophosphate poisoning**

- Atropine 2 mg IV/IO
- For continued signs/symptoms of SLUDGE/BBB, double prior atropine dose IV/IO q3-5 min

**Extrapyramidal reactions**

- Diphenhydramine 50 mg slow IV/IM

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

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

**San Diego County Emergency Medical Services Office**  
**Policy / Procedure / Protocol**

	<p><b>Suspected beta blocker OD with cardiac effects (e.g., bradycardia with hypotension)</b></p> <ul style="list-style-type: none"><li>• Glucagon 1-5 mg IV, MR 5-10 min, for a total of 10 mg</li></ul> <p><b>Suspected calcium channel blocker OD (SBP &lt;90 mmHg)</b></p> <ul style="list-style-type: none"><li>• CaCl<sub>2</sub> 1 gm IV/IO</li></ul> <p><b>Suspected cyanide poisoning</b> If cyanide kit available on site (e.g., industrial site), may administer if patient is exhibiting significant symptoms</p> <ul style="list-style-type: none"><li>• Amyl nitrite inhalation (over 30 seconds)</li><li>• Sodium thiosulfate 25%, 12.5 gm IV <b>or</b> hydroxocobalamin (CYANOKIT®) 5 gm IV</li></ul>
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\* Per Title 22, Division 9, Chapter 2.3, § 100027.03 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.