



POISONING / OVERDOSE

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BLS

ALS

- Ensure patent airway
- O<sub>2</sub> saturation PRN
- O<sub>2</sub> 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% O<sub>2</sub> 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<sup>⊗</sup>**

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**

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

**Ingestions**

- Assure patient has gag reflex and is cooperative
- Activated charcoal per drug chart PO if ingestion within 60 minutes and recommended by Poison Control Center <sup>Ⓐ</sup>
- In oral hypoglycemic agent ingestion, any change in mentation requires blood glucose check or recheck

**Symptomatic suspected opioid OD with respiratory depression (RR low for age, SpO<sub>2</sub><96%, or EtCO<sub>2</sub> ≥40 mmHg)**

- Naloxone per drug chart IN/IV/IM, MR <sup>Ⓐ</sup>
- In opioid-dependent patients, dilute and titrate slowly per drug chart

**Symptomatic organophosphate poisoning**

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

**Extrapyramidal reactions**

- Diphenhydramine per drug chart slow IV/IM

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

- NaHCO<sub>3</sub> per drug chart IV/IO

**Suspected beta blocker or calcium channel blocker OD, contact Poison Control Center and Base Hospital<sup>‡</sup>**

<sup>⊗</sup> 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

<sup>‡</sup> Base Hospital Physician may order recommendation from Poison Control Center