

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES  
 POLICY/PROCEDURE/PROTOCOL

No. S-134  
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SUBJECT: TREATMENT PROTOCOL -  
 POISONING/OVERDOSE

Date: 07/01/2018

**BLS**

**ALS**

- Ensure patent airway
- O<sub>2</sub> Saturation prn
- O<sub>2</sub> and/or ventilate prn
- Carboxyhemoglobin monitor prn, if available

**Ingestions:**

- Identify substance

**Skin:**

- Remove clothes
- Brush off dry chemicals
- Flush with copious water

**Toxic Inhalation (CO exposure, smoke, gas etc.):**

- Move patient to safe environment
- 100% O<sub>2</sub> via mask
- Consider transport to facility with hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient

**Symptomatic suspected opioid OD with respiratory rate <12: (use with caution in opioid dependent pain management patients)**

- Naloxone nasal spray 4mg preloaded single dose device\*
- Administer full dose in one nostril\*

OR

- Naloxone assemble 2 mg syringe and atomizer\*
- Administer 1mg into each nostril\*

**Contamination with commercial grade ("low level") radioactive material:**

Patients with mild injuries may be decontaminated (removal of contaminated clothing, brushing off of material) prior to treatment and transport. Decontamination proceedings SHALL NOT delay treatment and transport of patients with significant or life-threatening injuries. Treatment of significant injuries is *always* the priority.

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

**Ingestions:**

- Charcoal 50 Gm PO ingestion with any of the following within 60 minutes SO if not vomiting:
  - Acetaminophen, colchicine, beta blockers, calcium channel blockers, salicylates, valproate, oral anticoagulants (including rodenticides), paraquat, amanita mushrooms
- Assure patient has gag reflex and is cooperative.

**Symptomatic suspected opioids OD with respiratory rate <12: (use with caution in opioid dependent pain management patients)**

- Naloxone 2 mg IN/IM/IV SO. MR SO, titrate IV dose to effect
- If patient refuses transport, give additional Naloxone 2mg IM SO.

**Symptomatic Organophosphate poisoning:**

- Atropine 2 mg IV/IM/IO SO. MR x2 q3-5 minutes SO. MR q3-5 minutes BHO

**Extrapyramidal reactions:**

- Benadryl 50 mg slow IV/IM SO

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

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

**In suspected cyanide poisoning:** if cyanide kit is available on site (e.g. industrial site) may administer if patient is exhibiting significant symptoms:

- Amyl nitrite inhalation (over 30 seconds) BHPO
- Sodium thiosulfate 25%, 12.5 grams IV BHPO  
 OR
- Hydroxocobalamin (Cyanokit) 5 g IV BHPO

Notes: For scene safety, consider HAZMAT activation as needed.

- In symptomatic opioid OD (excluding opioid dependent pain management patients), administer naloxone IN/IM prior to IV.
- EMTs not training in naloxone IN administration may assist family or friend to medicate with patient's prescribed naloxone in **symptomatic suspected opioid OD**
- Note: EMTs are authorized to administer one dose of naloxone. If a patient refuses transport or if additional doses are required initiate 911

\* Per Title 22, Chapter 1.5, Section 100019, public safety personnel may administer IN naloxone when authorized by the County of San Diego EMS Medical Director.

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**Hyperthermia from Suspected Stimulant Intoxication:**

- Initiate cooling measures
- Obtain baseline temperature, if possible.

**Excited Delirium:**

- **As soon as able:** Monitor/EKG/Capnography
- High flow O<sub>2</sub> SO
- Ventilate SO
- 500 ml fluid bolus IV/IO SO, MR x1 SO, MR **BHO**
- Versed 5 mg IM/IN/IV SO, MR x1 in 10 minutes SO

Note: For agitated patient, IN/IM versed is the preferred route to decrease risk of injury to the patient and personnel.

**Use caution when considering versed use with ETOH intoxication. Can result in apnea.**