

APPROVED: Signature On File In EMS Office  
 Executive Director

Signature On File In EMS Office  
 Medical Director

EFFECTIVE DATE 7/01/2011  
 SUPERSEDES: \_\_\_\_\_  
 REVISED: \_\_\_\_\_  
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**POISONING/OVERDOSE**

- I. Authority: Health and Safety Code, Division 2.5, CA. Code of Regulation, Title 22, Division 9.
- II. Purpose: To serve as a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- III. Protocol: Be careful not to contaminate yourself and others, remove contaminated clothing, brush off powders and wash off liquids. Bring in the container or label.

**Contact Base Hospital if any questions or if additional therapy/treatment is required. Any Poison Control Center consultation must be coordinated with Base Hospital.**

**STANDING ORDERS**

<b>ASSESS</b>	CAB
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00.
<b>OXYGEN</b>	Oxygen delivery as appropriate.
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>IV/IO ACCESS</b>	Rate as indicated. If systolic BP is < 90mmHg, give 250cc boluses until systolic BP is 90-100mmHg. Reassess patient after each bolus.

**If patient presents with ALOC, refer to ALOC Protocol 554.31**

**GENERAL INGESTION**

**If non-acid, non-caustic, non-petroleum:**

<b>CONSIDER ACTIVATED CHARCOAL</b>	1g/kg PO, maximum dose of 50gms <b>if transport time exceeds 30 minutes.</b> Charcoal is contraindicated if patient is not completely awake, uncooperative, lacks gag reflex, cannot self administer.
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**NARCOTICS/OPIOIDS-SEDATIVES**

<b>NALOXONE</b>	Only if respirations are < 10/min or systolic BP is < 90mmHg, give 2mg IV/IO/IM/IN. May repeat ONCE in 3 minutes if inadequate response.
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**STANDING ORDERS CONTINUED NEXT PAGE**

<b>STANDING ORDERS CONTINUED</b>	
<b>TRICYCLIC ANTIDEPRESSANTS</b>	
<b>SODIUM BICARBONATE</b>	1mEq/kg IV/IO for: <ol style="list-style-type: none"> <li>a. GCS &lt; 15</li> <li>b. HR &gt; 100</li> <li>c. Systolic BP &lt; 90mmHg</li> <li>d. QRS widening &gt; 0.12</li> </ol> Repeat 0.5mEq/kg IV/IO every 5 minutes for persistent signs and symptoms.  <b>Do not give Activated Charcoal due to the potential for rapid deterioration of LOC.</b>
<b>BETA/CALCIUM CHANNEL BLOCKERS</b>	
<b>ATROPINE</b>	0.5 – 1mg IV/IO if BP < 90mmHg AND HR < 50/min with serious signs and symptoms. May repeat once in 5 mins.
<b>GLUCAGON</b>	1mg IM for serious signs and symptoms.
<b>CALCIUM CHLORIDE</b>	If Calcium Channel Blocker ingestion is suspected, give 100mg for BP < 90mmHg AND HR < 50/min AND serious signs and symptoms. May repeat in 5 minutes.
<b>CAUSTICS/CORROSIVES/PETROLEUM DISTILLATES</b>	
Remove Agent. If agent is dry, brush off then flush with copious amounts of water. If agent is liquid, flush with copious amounts of water. If eyes are contaminated, flush with water for a minimum of 20 minutes.  <b>Do not induce vomiting or give Activated Charcoal</b>	
<b>ORGANOPHOSPHATES</b>	
<b>ATROPINE</b>	2mg slow IV/IO or IM. Repeat every 3 minutes as needed to control secretions, bronchorrhea, and dysrhythmias
<b>AMPHETAMINE OR COCAINE INTOXICATION WITH ACUTE AGITATION</b>	
<b>MIDAZOLAM</b>	2mg IV/IO. Titrate 1mg increments to control agitation or psychosis (max dose of 6mg). If unable to establish IV access (after one attempt), give 5mg IM. May repeat IM dose once in 10 minutes if uncontrollable behavior continues.