

APPROVED: Signature On File In EMS Office
 Executive Director

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 Medical Director

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 PAGE: 1 of 1

DYSTONIC REACTION TO PHENOTHIAZINE DRUGS

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, 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: Phenothiazines are prescribed for their antiemetic and anti-cholenergic properties. Phenothiazines include: chlorpromazine (Thorazine), metoclopramide (Reglan), prochlorperazine (Compazine) and promethazine (Phenergan)

A non-phenothiazine medication that can cause dystonic reactions is haloperidol (Haldol).

Symptoms might include restlessness; muscle spasms of the neck; jaw and back' movement of eyeballs (oculogyric crisis); frightened; facial grimace; protruding tongue, back arching (opisthotonus).

Phenothiazines are prescribed for their antiemetic and tranquilizing properties. Phenothiazines include: chlorpromazine (Thorazine), metoclopramide (Reglan), prochlorperazine (Compazine) and promethazine (Phenergan and Atarax).

NOTE: Phenothiazine reactions may occur at normal dosing levels. Activated charcoal is not necessary.

STANDING ORDERS

ASSESS	CAB
OXYGEN:	Oxygen delivery as appropriate
MONITOR:	Treat rhythm as appropriate.
IV/IO ACCESS:	TKO
DIPHENHYDRAMINE:	25mg IV/IO push. May repeat 25mg ONCE if needed. May administer 25mg IM if IV access not promptly available.

BASE PHYSICIAN ORDERS

RELEASE-AT-SCENE	Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.
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