

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Poisoning and Overdose

Overview: Poisoning and Overdose can take several forms and patients may range from mildly ill to very critical. This protocol is intended to guide EMS Responders in providing care for these patients. Variances in condition occur due to amount of substance involved, time of incident, type of substance involved, and whether it is an overdose or actual poison.

INFORMATION NEEDED

- ___ Surroundings and safety: check for syringes, containers, flammables, gas cylinders, etc. Note odors in house or surroundings.
- ___ For drug ingestions: note drug(s), dosage(s), number remaining and date of prescription(s) and bring container(s) with patient
- ___ For other poisoning and exposures: if possible, note identifying information, warning labels or numbers on packaging
- ___ Duration of illness: onset and progression of present state, antecedent symptoms such as headache, seizures, confusion, etc.
- ___ History of event: ingested substances, drugs, alcohol, toxic exposures, suicidal intention, and the work environment
- ___ Past medical history, psychiatric problems
- ___ If possible, corroborate information with family member or responsible bystander

OBJECTIVE FINDINGS

- ___ Breath odor
- ___ Needle tracks
- ___ Medic alert tags/ bracelets/medallions
- ___ Cardiac rhythm
- ___ Blood glucose level
- ___ Pulse oximetry
- ___ Vital signs
- ___ Pupil size
- ___ Skin appearance, color temperature
- ___ Lung sounds and airway secretions

TREATMENT

GENERAL TREATMENTS

- ___ Assess need for C-Spine precautions
- ___ Ensure ABC's, oxygenation, ventilation, and suction prn
- ___ Oxygen high flow as needed; if indicated, assist ventilations with BVM
- ___ RMC

TREATMENT (cont)

ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION

- Collect information
- Airway management
- RMC

NARCOTICS

- Ensure ABC's, oxygenation, ventilation, and suction prn
- Oxygen high flow as needed; if indicated assist ventilations with BVM

TRICYCLIC ANTIDEPRESSANTS (TCA)

- Collect information
- Airway management
- RMC

CALCIUM CHANNEL BLOCKER OR BETA BLOCKER TOXICITY

- Collect information
- Airway management
- RMS

ORGANOPHOSPHATES

SLUDGE (Salivation, lacrimation, urination, diaphoresis/diarrhea, gastric hypermotility, and emesis/eye[small pupils, blurry vision] characteristically seen.

- Collect information
- Airway Management
- RMC
- Consider HazMat precautions

UNKNOWN SUBSTANCE

- Collect information
- Airway management
- RMC
- If blood glucose < 60mg/dl or if patient is know diabetic
 - **Glucose paste** or other **oral glucose** administration if patient is able to maintain their airway and follow commands
 - **Glucagon 1 mg** if patient is *unable* to maintain their airway and follow commands

Documentation of adherence to protocol:

- ___ Airway management procedures as needed
- ___ Oxygen provided as needed
- ___ Information regarding substances involved e.g. ingested, toxic exposure to suicidal thoughts, etc.

PRECAUTIONS AND COMMENTS

- Patients with TCA overdoses may experience rapid depression of mental status, sudden seizures, or worsening of vital signs.
- Caustic ingestions are usually caused by alkali (e.g. lye or Draino) or acids.
- Hydrocarbons include gasoline, kerosene, turpentine, Pine Sol, etc.
- Contact Poison Control if substance is unknown.

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Poisoning and Overdose

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INFORMATION NEEDED

- ___ Surroundings and safety: check for syringes, containers, flammables, gas cylinders, etc. Note odors in house or surroundings.
- ___ For drug ingestions: note drug(s), dosage(s), number remaining and date of prescription(s) and bring container(s) with patient
- ___ For other poisoning and exposures: if possible, note identifying information, warning labels or numbers on packaging
- ___ Duration of illness: onset and progression of present state, antecedent symptoms such as headache, seizures, confusion, etc.
- ___ History of event: ingested substances, drugs, alcohol, toxic exposures, suicidal intention, and the work environment
- ___ Past medical history, psychiatric problems
- ___ If possible, corroborate information with family member or responsible bystander

OBJECTIVE FINDINGS

- ___ Breath odor
- ___ Needle tracks
- ___ Medic alert tags/ bracelets/medallions
- ___ Cardiac rhythm
- ___ Blood glucose level
- ___ Pulse oximetry
- ___ Vital signs
- ___ Pupil size
- ___ Skin appearance, color temperature
- ___ Lung sounds and airway secretions

TREATMENT

GENERAL TREATMENTS

- ___ Assess need for C-Spine precautions
- ___ Ensure ABC's, oxygenation, ventilation, and suction prn
- ___ Oxygen high flow as needed; if indicated, assist ventilations with BVM
- ___ RMC
- ___ Advanced airway if indicated
- ___ IV access

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION

- Collect information
- Airway management
- RMC
- Diphenhydramine 50 mg IVP or IM (repeat as needed)**

NARCOTICS

- Ensure ABC's, oxygenation, ventilation, and suction prn
- Oxygen high flow as needed; if indicated assist ventilations with BVM
- RMC
- Naloxone 2mg IVP or IM** for suspected opiate overdose with respiratory depression and/or signs of shock (titrate to overcome respiratory depression and repeat as needed)

TRICYCLIC ANTIDEPRESSANTS (TCA)

- Collect information
- Airway management
- RMC
- IV access
- Hyperventilate with 100% oxygen, airway management as needed
- Contact Medical Control for use of **Sodium Bicarbonate 1mEq/kg**, for hypotension, seizure, and/or QRS widening > 0.10 seconds, repeat in 10 minutes with 0.5mEq/kg, prn to total of 2mEq/kg
- After total of 2mEq/kg Sodium Bicarbonate, contact Medical Control for consideration of **Lidocaine 1.5mg/kg** for ventricular dysrhythmias. Repeat as needed **0.5 to 0.75mg/kg IV Lidocaine in 5-10 min.** to a max total dose of 3mg/kg per Medical Control.
- Treat seizures according to Seizure Protocol

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

CALCIUM CHANNEL BLOCKER OR BETA BLOCKER TOXICITY

- Collect information
- Airway management
- RMC
- IV access
- In the setting of Bradycardia and/or hypotension caused by a BetaBlocker overdose,
Glucagon 1 mg IM or slow IVP

ORGANOPHOSPHATES

SLUDGE (Salivation, lacrimation, urination, diaphoresis/diarrhea, gastric hypermotility, and emesis/eye[small pupils, blurry vision] characteristically seen.

- Collect information
- Airway Management
- RMC
- Consider HazMat precautions
- Atropine 2-5mg IV; repeat q 2-5 min.** until SLUDGE symptoms subside

UNKNOWN SUBSTANCE

- Collect information
- Airway management
- RMC
- IV access
- Naloxone 2 mg IVP or IM** for suspected opiate overdose with respiratory depression and/or signs of shock (titrate to overcome respiratory depression and repeat as needed)
- Dextrose 50%(D50W) 25 grams IVP;** if blood glucose < 60mg/dl or if patient is know diabetic; repeat as needed based on patient response up to a total dose of 50grams. If you are unable to measure blood glucose level, assume hypoglycemia
- Glucagon 1 mg IM,** if unable to establish an IV to administer Dextrose
- Advanced Air management as indicated
- If hypotensive, administer fluid bolus of NS 500cc, reassess and repeat as indicated.
- Continuously monitor vital signs and cardiac rhythm during transport

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Documentation of adherence to protocol:

- ___ Airway management procedures as needed
- ___ Oxygen provided as needed
- ___ Information regarding substances involved e.g. ingested, toxic exposure to suicidal thoughts, etc.
- ___ Response to interventions
- ___ If extrapyramidal reaction occurs, Benadryl given
- ___ If Naloxone given: AMS, respiratory depression documented

PRECAUTIONS AND COMMENTS

- In suspected opiate overdoses, withhold advanced airway management until after the patient has received **Naloxone**.
- Significantly higher doses of **Naloxone** may be needed for treatment of overdoses with synthetic opioid compounds such as Demerol, Fentanyl, etc.
- Consider titrating **Naloxone** to achieve adequate respiratory effort and avoid a withdrawal reaction or combativeness.
- Caustic ingestions are usually caused by alkali (e.g. lye or Drano) or acids.
- Hydrocarbons include gasoline, kerosene, turpentine, Pine Sol, etc.
- Contact Poison Control if substance is unknown.