## **Overdose | Acute Poisoning**

## Routine Medical / Trauma Care Including EtCO<sub>2</sub> and SpO<sub>2</sub> Ask for: (ensure adequate oxygenation/ventilation) Time of ingestion If needed, call national Look for associated injuries/illnesses Dose of ingestion **Poison Control Center** Consider Spinal Motion Restriction, if trauma suspected Quantity of Ingestion 1-800-222-1222 Look for: Assess Blood Glucose, needle marks, bites, If $\leq$ 60 mg/dL $\rightarrow$ bottles, paraphernalia, **Diabetic Emergency** protocol trauma, weapons Supportive Care; No ↓LOC, compromised respiratory function, contact Medical Control and/or significant hypotension? as needed Yes Signs of Compromised Naloxone if suspected opiate overdose<sup>2</sup> **Respiratory Function** (heroin, pain medications) • SpO2 < 94%, Naloxone 2mg IN Consider chemical Drooling sedation and/or physical Shallow respirations Naloxone 0.5mg IV/IM/IO restraints • RR ≤ 10/min q2min prn (max 4mg) Rising ETCO<sub>2</sub> above • Fluid bolus if hypotension: NS/LR 500 ml IV/IO patient's baseline Obtain 12 Lead EKG Determine & treat cause of overdose/poisoning ASA, Tricyclics, or Unknown Med Phenothiazines Ca<sup>2+</sup> Channel Blocker<sup>4</sup> Alcohol with widened QRS > 120ms<sup>3</sup> (dystonic reaction) NS/LR fluid **Calcium Chloride Sodium Bicarbonate** bolus IV prn Diphenhydramine 500-1000mg IV infusion 1-2mEq/kg IV/IO (max 2L) 25 - 50 mg IV/IO/IM over 10-20 minutes repeat prn until QRS < 120ms Stimulants (cocaine, PCP, meth, bath salts)

- <sup>1</sup> Patients with altered mental status cannot be clinically cleared from a cervical collar
- <sup>2</sup> Administer Naloxone until mentation improves and adequate ventilation/oxygenation is confirmed by RR, SpO<sub>2</sub>, and EtCo<sub>2</sub>. IV doses greater than 0.5mg increase the risk of flash pulmonary edema this chance increases in proportion to the administered dose. Synthetic opioids (e.g. fentanyl, carfentanil) tend to require doses greater than 2mg.

Carbon Monoxide

O<sub>2</sub> @ 15 L/min via NRB

Measure CO, if able, as

per CO protocol

- <sup>3</sup> Symptoms include abnormal breathing, focal seizures, coma, AV blocks, ventricular arrhythmias, QRS >120ms, dominant R wave in aVR
- <sup>4</sup> Antihypertensive and antiepileptic overdoses frequently cause hypotension.

Benzodiazepines for agitation as per

**Agitated/Combative or Hyperactive** 

**Delirium with Severe Agitation** 

protocol

SSRIs, MAOIs, Benzos, Barbituates,

APAP, or Beta Blockers<sup>4</sup>

NS/LR fluid bolus IV prn (max 2L)

Contact Medical Control for additional orders