

## 2.10 POISONING AND OVERDOSE

### BLS Treatment – ALL Poisoning and Overdose Incidents

- Position of comfort.
- NPO except as noted below.
- **Oxygen** as indicated.

### ALS Treatment - ALL Poisoning and Overdose Incidents

- Establish IV/IO, **Normal Saline** at TKO.
- For nausea / vomiting, may administer **Ondansetron**.
- **Activated Charcoal** unless contraindicated (see Reference I: Medication List).

### ALS Treatment - SPECIFIC Poisoning and Overdose Incidents

#### NARCOTICS

(e.g. Heroin, Demerol, Methadone, Morphine, Fentanyl, Dolophine, Darvocet, Darvon, Propoxyphene, Oxycodone, Oxycontin, Oxyir, Percocet)

Assess for symmetrical, pinpoint pupils, respiratory depression/apnea, decreased level of consciousness, bradycardia, hypotension and decreased muscle tone:

- For suspected overdose with respiratory depression not responsive to BLS airway interventions:
- **Naloxone**

#### CARBON MONOXIDE

- Administer high-flow **Oxygen** via NRB. Assist ventilations with BVM as needed.
- Do NOT withhold **Oxygen** therapy for patients with respiratory compromise and “normal” pulse oximeter values.

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### CALCIUM CHANNEL or BETA BLOCKER TOXICITY (e.g. Verapamil, Metoprolol)

Assess for bradycardia, hypotension and shock; apply and assess 12-lead EKG:

- **Activated Charcoal**
- **Calcium Chloride** as indicated for Calcium Channel Blocker overdose.
- **Glucagon** as indicated for Beta Blocker Toxicity.

### TRICYCLIC ANTIDEPRESSANTS

(e.g. Elavil, Amitriptyline, Etrafon, Pamelor, Nortriptyline)

- **Oxygen** as indicated.
- If SBP <90, seizure, and/or QRS widening > 0.10 seconds is present: **Sodium Bicarbonate**

### ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION

(e.g. Haldol, Haloperidol)

Assess for fixed, deviated gaze to one side of body, painful spasm of trunk or extremity muscles and/or difficulty speaking:

- **Diphenhydramine**

### CYANIDE

Assess for nausea, headache, anxiety, agitation, weakness, muscular trembling, seizures, apnea, soot around mouth or airway:

- Remove contaminated clothing. Do NOT transport with patient.
- For suspected overdose: Transport patient to receiving hospital for treatment.
- **Sodium Thiosulfate** is not routinely stocked on the ambulances, but is available in pharmaceutical disaster caches called, "CHEMPACK." If available, administer **Sodium Thiosulfate** 12.5 grams (50 ml of 25% solution) IV.

### ORGANOPHOSPHATES

(e.g. Malathion)

Assess for "SLUDGE": (Salivation, Lacrimation, Urination, Diaphoresis/Diarrhea, Gastric hypermotility, Emesis/Eye (small pupils, blurry vision). Severe exposures may result in decreased level of consciousness, fasciculation/muscle weakness, paralysis, seizures:

- Administer **Atropine** until SLUDGE symptoms subside.
- Treat seizures with **Midazolam**.

### NERVE AGENTS

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(e.g. VX, Sarin, Soman, Tabun)

Same as signs/symptoms as Organophosphate Poisoning (see above).

- Administer **Atropine** until SLUDGE symptoms subside.
- If available, administer **DuoDote [Atropine/Pralidoxime (2-PAM)] Autoinjector** IM in using dosing table below:

**DuoDote (2-PAM) Dosing Estimator**  
*DuoDote = Atropine 2.1mg / Pralidoxime 600mg*

Do NOT Use Atropine/2-PAM Injector	Use Between 1 – 3 Atropine/2-PAM Injectors IM	Use 3 Atropine/2-PAM Injectors IM
<ul style="list-style-type: none"> <li>• No signs of life</li> <li>• Fits non-resuscitation group (expectant) due to other concomitant injury</li> </ul>	<p>Titrate dose based on 1 or more SLUDGE signs and:</p> <ul style="list-style-type: none"> <li>• Elderly</li> <li>• Children appearing under age 14</li> <li>• Prolonged extrication (may require more than 3 autoinjectors)</li> </ul>	<ul style="list-style-type: none"> <li>• Exhibiting 2 or more SLUDGE signs OR</li> <li>• Non-ambulatory</li> </ul>

Bronchospasm and respiratory secretions are the best acute symptoms to monitor response to Atropine/2-PAM therapy:

- Decreased bronchospasm and respiratory secretions = getting better.
- No change or increased bronchospasm and respiratory secretions = Base Hospital Contact for administration of additional medication, in excess of listed Maximum Dosage.

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Comments
<ul style="list-style-type: none"><li>• May contact <b>Poison Control</b> at <b>1-800-222-1222</b> if substance is unknown.</li></ul>
Base Hospital Contact Criteria
<ul style="list-style-type: none"><li>• Contact Base Physician if Poison Control recommends treatment outside of current protocols.</li><li>• Suspected Narcotic overdose not responsive to max doses of <b>Naloxone</b>.</li><li>• Bradycardia and/or hypotension caused by a CALCIUM CHANNEL BLOCKER: <b>Calcium Chloride</b>.</li><li>• Bradycardia and/or hypotension caused by a BETA BLOCKER: <b>Glucagon</b>.</li></ul>