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| **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).
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| **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**
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| **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.
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| **TRICYCLIC ANTIDEPRESSANTS****(e.g. Elavil, Amitriptyline, Etrafon, Pamelor, Nortriptyline)*** **Oxygen** as indicated.
* IfSBP <90, seizure, and/or QRS widening > 0.10 seconds is present: **Sodium** **Bicarbonate**
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| **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**
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| **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.
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| **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.**
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|  **NERVE AGENTS** **(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** |
| * No signs of life
* Fits non-resuscitation group (expectant) due to other concomitant injury
 | Titrate dose based on 1 or more SLUDGE signs and:* Elderly
* Children appearing under age 14
* Prolonged extrication (may require more than 3 autoinjectors)
 | * Exhibiting 2 or more SLUDGE signs OR
* Non-ambulatory
 |
| 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** |
| * May contact **Poison Control** at **1-800-222-1222** if substance is unknown.
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| **Base Hospital Contact Criteria** |
| * Contact Base Physician if Poison Control recommends treatment outside of current protocols.
* Suspected Narcotic overdose not responsive to max doses of **Naloxone**.
* Bradycardia and/or hypotension caused by a CALCIUM CHANNEL BLOCKER: **Calcium Chloride.**
* Bradycardia and/or hypotension caused by a BETA BLOCKER: **Glucagon**.
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