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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* | | |
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| **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. |
| **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**. |