

OVERDOSE / TOXIC INGESTION / POISONING

There are numerous agents and drugs which produce toxic effects in patients. This protocol is designed to provide the general guidelines for treatment. Specific treatments or antidote therapy may be appropriate as directed by the Medical Command Physician in consultation with the WV Poison Control Center. Providing as much information as possible to Medical Command will allow more accurate evaluation, treatment, and coordination of medical care.

- A. Perform **Initial Treatment / Universal Patient Care Protocol**.
- B. Routes:
 - 1. **Ingested Poisons:**
 - a. Protect airway.
 - b. **DO NOT** induce vomiting.
 - c. Transport the patient with all containers, bottles, and labels from the substance, if safe to do so.
 - 2. **Inhaled Poisons:**
 - a. Immediate removal from hazardous environment.
 - b. Maintain airway and support respirations.
 - c. Transport the patient with all containers, bottles, and labels from the substance, if safe to do so.
 - 3. **Absorbed Poisons:**
 - a. Remove the poison using procedures described in **Burn Protocol 6110**.
 - b. Transport the patient with all containers, bottles, and labels from the substance, if safe to do so.
 - 4. **Injected Poisons:**
 - a. See treatment guidelines for specific substance.
- C. After decontamination procedures have been completed, **do not** delay transport.

Note: Remember that a toxic exposure poses a significant risk to both the rescuer and patient; appropriate scene management and decontamination are critical. Decontamination requires personnel that have proper training and certification to do so.

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D. Determine the following:

1. What?
2. When?
3. How much?
4. Over what period of time?
5. Were any actions taken by bystanders, family members, and/or patient prior to EMS arrival?

E. Overdose / Toxic Ingestion / Poisoning Emergencies:

1. **Alcohol:**

- a. Emergencies involving alcohol can range from acute intoxication to alcohol withdrawal and delirium tremens (DT's).
- b. Assess the patient and follow the proper protocol for medical management based on clinical presentation.
 - i. Consider hypoglycemia. Perform rapid glucose determination. If glucose <60 mg/dL or clinical signs and symptoms indicate hypoglycemia, refer to the **Diabetic Emergencies Protocol 6604**.
 - ii. For signs and symptoms of hypovolemic shock or dehydration, follow the **Hypoperfusion Shock Protocol 6108**.
 - iii. For seizures due to alcohol withdrawal, refer to the **Seizures Protocol 6603**.

2. **Narcotics / Opiates:**

- a. Support respirations, as necessary, with a BVM and supplemental O2.
Defer consideration of advanced airway management until after administration of Naloxone, if BVM ventilation is adequate.
- b. Consider hypoglycemia. Perform rapid glucose determination. If glucose is <60 mg/dl or clinical signs and symptoms indicate hypoglycemia, refer to the **Diabetic Emergencies Protocol 6604**.

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- c. For a suspected narcotic overdose complicated by respiratory depression:
 - i. Administer Naloxone (Narcan®) 1 mg IM (*Anterior Lateral Thigh*). If patient does not show signs of improvement (adequate respiratory response/increased LOC) administer an additional 1 mg IM in 10 minutes.
 - ii. If unable to administer Naloxone IM, administer 2 mg intranasal (IN) via atomizer. If patient does not show signs of improvement (adequate respiratory response/increased LOC) administer an additional 2 mg IN and request ALS backup.
-or-
OPTIONAL: Administer 4 mg intranasal (IN) via atomizer. If patient does not show signs of improvement (adequate respiratory response/increased LOC) administer an additional 4 mg IN and request ALS backup.

3. Tricyclic Antidepressants:

- a. Support respirations, as necessary, with a BVM and supplemental O2.

Tricyclic Antidepressants include: Amitriptyline (Elavil®), Doxepin (Sinequan®, Adepin®), Imipramine (Tofranil®).

4. Cholinergics:

- a. Support respirations, as necessary, with a BVM and supplemental O2.

Pesticides (Organophosphates, Carbamates) and nerve gas agents (Sarin, Soman) are the most common exposures.

S – Salivation
L – Lacrimation
U – Urination
D – Defecation
G – Gastrointestinal cramping
E – Emesis

5. Calcium Channel Blockers:

- a. Support respirations, as necessary, with a BVM and supplemental O2.

6. Beta Blockers:

- a. Administer oxygen via non-rebreather mask at 12 - 15 lpm, as necessary. Support respirations with a BVM.

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7. **Stimulants:**

- a. Assess the patient and follow the proper protocol for medical management based on clinical presentation.
- b. Support respirations, as necessary, with a BVM and supplemental O2.
- c. Serious signs and symptoms (seizures, tachydysrhythmias):
 - i. For patients that are severely agitated or combative, follow the **Behavioral Emergencies Protocol 6607**.

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