



POISONING / OVERDOSE	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
<ul style="list-style-type: none"><li>Administer oxygen as indicated<ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-02 Airway Management</a></li></ul></li></ul> <p><i>Suspected Opiate Overdose Without Respiratory Effort</i></p> <ul style="list-style-type: none"><li>Begin CPR</li><li>Apply AED and follow instructions</li></ul> <p><i>Suspected Opiate Overdose with RR &lt; 12/min</i></p> <ul style="list-style-type: none"><li>Assist ventilations appropriately</li></ul> <p><b>Naloxone</b></p> <ul style="list-style-type: none"><li>IN – 2mg (1mg per nostril) via MAD<ul style="list-style-type: none"><li>May repeat prn every 3 mins to maintain RR &gt; 12/min</li></ul></li><li>IN – 4mg via prefilled nasal spray<ul style="list-style-type: none"><li>May repeat x1 in 3 mins to maintain respirations &gt; 12/min</li><li>Total Max 8mg</li></ul></li></ul>	<ul style="list-style-type: none"><li>Administer oxygen as indicated<ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-02 Airway Management</a></li></ul></li></ul> <p><i>Suspected Opiate Overdose Without Respiratory Effort</i></p> <ul style="list-style-type: none"><li>Begin CPR</li><li>Apply AED and follow instructions</li></ul> <p><i>Suspected Opiate Overdose with RR &lt; 12/min</i></p> <ul style="list-style-type: none"><li>Assist ventilations appropriately</li></ul> <p><b>Naloxone</b></p> <ul style="list-style-type: none"><li>IN – 2mg (1mg per nostril) via MAD<ul style="list-style-type: none"><li>May repeat prn every 3 mins to maintain RR &gt; 12/min</li></ul></li><li>IN – 4mg via prefilled nasal spray<ul style="list-style-type: none"><li>May repeat x1 in 3 mins to maintain respirations &gt; 12/min</li><li>Total Max 8mg</li></ul></li></ul>
Expanded Scope	
<p><b>Naloxone</b></p> <ul style="list-style-type: none"><li>IM – 2mg<ul style="list-style-type: none"><li>May repeat prn every 3 mins to maintain RR &gt; 12/min</li><li>Total Max 8mg</li></ul></li></ul>	<p><b>Naloxone</b></p> <ul style="list-style-type: none"><li>IM – 0.1mg/kg<ul style="list-style-type: none"><li>May repeat prn every 3 mins to maintain RR &gt; 12/min</li><li>Total Max 8mg</li></ul></li></ul>
ALS Prior to Base Hospital Contact	
<ul style="list-style-type: none"><li>Vascular Access</li><li>Cardiac monitor</li></ul> <p><i>Oral ingestion within 1-hour, estimated transport time &gt;15 mins &amp; patient is awake with gag reflex present</i></p> <p><b>Activated Charcoal</b></p> <ul style="list-style-type: none"><li>PO – 1gm/kg</li><li>Max 50gm</li></ul> <p><i>Suspected Opiate Overdose with RR &lt; 12/min</i></p> <p><b>Naloxone</b></p> <ul style="list-style-type: none"><li>IV/IO – 0.4mg every 1 min<ul style="list-style-type: none"><li>May repeat as needed to maintain RR &gt; 12/min</li></ul></li><li>Total Max 8mg</li></ul> <p><i>Suspected Dystonic/Extrapyramidal Reactions</i></p> <p><b>Diphenhydramine</b></p> <ul style="list-style-type: none"><li>IV/IM/IO – 50mg</li><li>Max 50mg</li></ul> <p><i>Suspected Tricyclic Antidepressant Overdose</i></p> <p><b>Sodium Bicarbonate</b></p> <ul style="list-style-type: none"><li>IV/IO – 1mEq/kg</li></ul> <p><i>Stimulant/Hallucinogen OD &amp; Extreme Agitation</i></p> <ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-08: Behavioral Emergencies</a></li></ul>	<ul style="list-style-type: none"><li>Vascular Access</li><li>Cardiac monitor</li></ul> <p><i>Oral ingestion within 1-hour, estimated transport time &gt;15 mins &amp; patient is awake with gag reflex present</i></p> <p><b>Activated Charcoal</b></p> <ul style="list-style-type: none"><li>PO – 1gm/kg</li><li>Max 25gm</li></ul> <p><i>Suspected Opiate Overdose with RR &lt; 12/min</i></p> <p><b>Naloxone</b></p> <ul style="list-style-type: none"><li>IV/IO – 0.1mg/kg<ul style="list-style-type: none"><li>May repeat as needed to maintain RR &gt; 12/min</li></ul></li><li>Total Max 8mg</li></ul> <p><i>Suspected Dystonic/Extrapyramidal Reactions</i></p> <p><b>Diphenhydramine</b></p> <ul style="list-style-type: none"><li>IV/IM/IO – 1mg/kg</li><li>Max 50mg</li></ul> <p><i>Suspected Tricyclic Antidepressant Overdose</i></p> <p><b>Sodium Bicarbonate</b></p> <ul style="list-style-type: none"><li>IV/IO – 1mEq/kg</li></ul> <p><i>Stimulant/Hallucinogen OD &amp; Extreme Agitation</i></p> <ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-08: Behavioral Emergencies</a></li></ul>



Santa Barbara County EMS  
County Wide Protocols

Policy 533-16

<p><i>Suspected Beta-Blocker or Calcium Channel Blocker OD</i> <b>Calcium Chloride</b></p> <ul style="list-style-type: none"><li>• IV/IO – 1g over 1 minute<ul style="list-style-type: none"><li>◦ Repeat x 1 in 10 min</li></ul></li></ul> <p><b>Glucagon</b></p> <ul style="list-style-type: none"><li>• IV/IO – 2mg (May repeat x 5 if available)<ul style="list-style-type: none"><li>◦ Total Max 10mg</li><li>◦ Consider <b>Ondansetron</b> administration (if not in arrest)</li></ul></li></ul>	<p><i>Suspected Beta-Blocker or Calcium Channel Blocker OD</i> <b>Calcium Chloride</b></p> <ul style="list-style-type: none"><li>• IV/IO – 20mg/kg over 1 min<ul style="list-style-type: none"><li>◦ Max of 1gm</li></ul></li></ul> <p><b>Glucagon</b></p> <ul style="list-style-type: none"><li>• IV/IO – 0.05mg/kg (Max of 5mg per Dose)<ul style="list-style-type: none"><li>◦ If no response within 15 mins:<ul style="list-style-type: none"><li>• May repeat until Max 10mg (if available)</li></ul></li><li>◦ Consider <b>Ondansetron</b> administration (if not in arrest)</li></ul></li></ul>
<b>Base Hospital Physician Orders Only</b>	
<p><i>Suspected organophosphate poisoning/exposure</i> <b>Atropine</b></p> <ul style="list-style-type: none"><li>• IV/IO – 2mg every 1 min</li><li>• Repeat until symptoms are relieved</li></ul> <p>Consult with ED Physician for further treatment measures</p>	<p><i>Suspected organophosphate poisoning/exposure</i> <b>Atropine</b></p> <ul style="list-style-type: none"><li>• IV/IO – 0.02mg/kg every 1 min<ul style="list-style-type: none"><li>◦ Minimum dose – 0.1mg</li><li>◦ Repeat until symptoms are relieved</li></ul></li></ul> <p>Consult with ED Physician for further treatment measures</p>
<b>Additional Information</b>	
<p>Poison Control Hotline: 1-800-222-1222</p> <p>Do <u>not</u> administer <b>Activated Charcoal</b> if:</p> <ul style="list-style-type: none"><li>• Oral ingestion of caustic, corrosive, or petroleum distillate substances<ul style="list-style-type: none"><li>◦ Do not induce vomiting</li></ul></li><li>• Tricyclic antidepressant ODs<ul style="list-style-type: none"><li>◦ If chest pain present, do <u>not</u> administer <b>Aspirin</b></li><li>◦ Assess and provide pain control as appropriate<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Policy 533-03: Pain Control</a></li></ul></li></ul></li></ul> <p>Guidance for <b>Naloxone</b> use</p> <ul style="list-style-type: none"><li>• It is not necessary that the patient be awake &amp; alert</li><li>• Administer until max dose is reached or RR &gt; 12/min</li><li>• When given to chronic opioid patients, withdrawal symptoms may present</li></ul> <p>Organophosphate poisoning/exposure – <b>SLUDGE</b></p> <p><b>S – Salivation</b> <b>L – Lacrimation</b> <b>U – Urination</b> <b>D – Defecation</b> <b>G – Gastrointestinal Distress</b> <b>E – Emesis</b></p>	<p>Poison Control Hotline: 1-800-222-1222</p> <p>Do <u>not</u> administer <b>Activated Charcoal</b> if:</p> <ul style="list-style-type: none"><li>• Oral ingestion of caustic, corrosive, or petroleum distillate substances<ul style="list-style-type: none"><li>◦ Do not induce vomiting</li></ul></li><li>• Tricyclic antidepressant ODs<ul style="list-style-type: none"><li>◦ Assess and provide pain control as appropriate<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Policy 533-03: Pain Control</a></li></ul></li></ul></li></ul> <p>Guidance for <b>Naloxone</b> use</p> <ul style="list-style-type: none"><li>• It is not necessary that the patient be awake &amp; alert</li><li>• Administer until max dose is reached or RR &gt; 12/min</li><li>• When given to chronic opioid patients, withdrawal symptoms may present</li></ul> <p>Organophosphate poisoning/exposure – <b>SLUDGE</b></p> <p><b>S – Salivation</b> <b>L – Lacrimation</b> <b>U – Urination</b> <b>D – Defecation</b> <b>G – Gastrointestinal Distress</b> <b>E – Emesis</b></p>