USE PROPER PRECAUTIONS. DECONTAMINATE PT PRIOR TO TREAMENT/TRANSPORT

TREATMENT:

- A. Treat per Universal Patient Care
- B. If systolic BP < 90 mmHg follow Shock Protocol.
- C. If unknown poison or overdose and patient has a decreased level of consciousness, treat per Altered Mental Status protocol.
- D. Contact Poison Control 1-800-222-1222 for specific management and treatment.
- E. Treat specific poisons/overdoses as outlined below:
 - Aspirin or Acetaminophen:

Contact OLMC or Poison Control for consideration of **Activated Charcoal**.

• Beta blockers:

Contact OLMC for consideration of Glucagon.

Calcium channel blocker:

Contact OLMC for consideration of **Calcium Chloride**, 10cc of 10% over 5-10 min.

• Carbon Monoxide:

- 1. High flow **Oxygen**.
- 2. All symptomatic patients (e.g. headache, dizziness, nausea) should be transported.
- 3. Transport patients with severe symptoms (e.g. cardiac ischemia, coma, syncope, seizures, loss of consciousness). Contact Medical Control for transport to hyperbaric facility.
- 4. If CO monitor is available and CO reading is ≥ 15, transport to nearest facility with a hyperbaric chamber (unless patient meets burn or trauma center criteria).

• Tricyclic antidepressant:

- 1. Treat seizures per Seizure Protocol
- 2. Treat hypotension per Shock protocol.
- If patient exhibits arrhythmias or a widening QRS complex contact OLMC for administration of Sodium Bicarbonate 1 mEq/kg IV/IO. See Tachycardia Protocol.

• Organophosphates:

- 1. Prepare to handle copious secretions.
- Contact Medical Control. Administer Atropine 1 5 mg slow IV/IO every 5 minutes until symptoms improve. See Haz-Mat Protocol for more specifics of treatment including Pralidoxime (2-PAM).

• Narcotic

- 1. Assist ventilations prn. Intubate prn
- 2. Administer **Naloxone 0.4 2 mg IV/IO/IM/IN**. Repeat dose if no response to max of 8 mg.
- F. Contact Medical Control for advice on Activated Charcoal for other ingested poisons.

Poisoning & Overdose – 10.190

PEDIATRIC PATIENTS:

- Narcotic
 - 1. Assist ventilations prn. Intubate prn
 - 2. Administer **Narcan 0.1 mg/kg IV**, Max single dose 2mg. Repeat dose once if no response.

NOTES & PRECAUTIONS:

- A. SpCO levels may be elevated in smokers. Levels can range from 3-20% depending on the number of packs smoked.
- B. Pulse oximeter may provide a false reading in patients with elevated SpCO levels.
- C. If the patient exhibits extrapyramidal symptoms/dsytonias with a history of Phenothiazine use, consider **Diphenhydramine**.
- D. For large organophospate poisonings, refer to Haz Mat protocol.
- E. Do not neutralize acids or alkalis.
- F. Consider Haz Mat Team activation.

KEY CONSIDERATIONS:

Route of poisoning, amount of ingestion, antidote given, suicidal intent, multiple patients, psychiatric history

Poisoning & Overdose – 10.190

Toxidrome	Examples		Clinical Features		Antidotes
Sympathomimetic	Cocaine Methamphetamine		Agitation Diaphoresis Hypertension Hyperthermia Dilated pupils Tachycardia		Midazolam (OLMC)
Opioid	Heroin Hydromorphone Methadone Oxycodone		Depressed mental status Hypoventilation Constricted pupils		Naloxone
Cholinergic (Anti- cholinesterase)	Pesticides		Muscarinic* Nicotinic** Central***		Atropine Pralidoximine (2-Pam) (Hazmat, OLMC)
Sedative-Hypnotic	Barbituates Benzodiazepines GHB		Depressed mental status Hypotension Hypothermia		Supportive treatment
Cardiotoxic drugs	Beta-blockers Calcium channel blockers		Bradycardia Conduction issues Hypotension		Glucagon (OLMC) Calcium (OLMC)
Anticholinergic	Atropine Jimson Weed Scopolamine Diphenhydramine		Delirium Hyperthermia Tachycardia Warm, dry skin		Supportive treatment Physostigmine (ED)
Sodium channel blockade	Tricyclic antidepressants Antiarrhythmics Type 1A – quinidine, procainamide Type 1C – flecanide, propafenone		Altered mental status Hypotension Seizures Wide complex tachycardia		Sodium Bicarbonate (OLMC)
*Muscarinic		**Nicotinic		***Central	
Diarrhea, Urination, Miosis, Bradycardia, Bronchospasm, Bronchorrhea, Emesis, Lacrimation, Salavation, Sweating		Mydrasis, Tachycardia, Weakness, Hypertension, Hyperglycemia, Fasciculations		Confusion, Convulsions, Coma	