Section: Adult Medical
Subject: OVERDOSE / ORAL POISONING
Section #: 340.27
Issue Date: March 21, 2011
Revision Date:
Approved By:  Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic ALS Treatments.
    a. Determine if the situation represents a single ingestion of an excessive amount of a substance.
    b. Chronic ingestions may not respond to these treatments.
    c. In most cases, a single additional dose of medication will not produce toxicity requiring treatment protocol.
    d. If time allows, contact Poison Control (1-800-222-1222) for treatment recommendations
        i. Contact Medic-1 for recommendations from Poison Control not covered by HCFR policy.

2. Beta blocker overdose:
    a. The primary determinant of β-blocker toxicity and death is respiratory arrest, so be vigilant to support the patient's respiration.
    b. For seizures, follow HCFR SEIZURE protocol
    c. Transcutaneous pacing, if available, as a bridge measure until pharmacology is available.
    d. Atropine: 0.5 mg IV, once.
    e. Dopamine: 5.0 mcg/kg/min initial IV infusion, and titrated q5 minute to effect (maximum 20 mcg/kg/min).
    f. Normal saline (0.9% NaCl): 250 ml q5 min for SBP < 100 mmHg.

3. Calcium channel blocker overdose:
    a. Transcutaneous pacing, if available, as a bridge measure until pharmacology is available.
    b. Atropine: 0.5 mg IV, once.
    c. Dopamine: 5.0 mcg/kg/min initial IV infusion, and titrated q5 minute to effect (maximum 20 mcg/kg/min).
    d. Normal saline (0.9% NaCl): 250 ml q5 min for SBP < 100 mmHg.

4. Narcotic overdose:
    a. Naloxone: 0.5 mg IV/IM/SQ/IN
        i. Repeat q2 minutes PRN (titrated to effect).
        ii. Some narcotics such as methadone require more than 10 mg of naloxone.
        iii. Complete reversal of symptoms may not be the optimal therapeutic goal. Rather, resolution of respiratory depression, hypotension, and hypoperfusion should be the treatment goal.

5. Phenothiazine overdose or extrapyramidal reactions:
    a. Dystonia present (distorted twisting or movement of a body part):
        i. Diphenhydramine: 0.5 mg/kg (max dose of 50 mg)IV/IM.

6. Tricyclic Antidepressant overdose (TCAs):
    a. If hypotension, heart blocks, tachycardia, and/or cardiac conduction disturbances (QRS > 0.12 msec) are present:
        i. Sodium Bicarbonate: 1.0 mEq/kg IV
        ii. Saline (0.9% NaCl) bolus 1,000 mL and then 250 mL/hr IV.
    b. If they are intubated. hyperventilate the patient to an $ETCO_2$ of 20 mmHg

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7. Organophosphate poisoning (commercial and agricultural products):
    a. Decontaminate per HCFR protocol and policy
    b. Avoid skin contact.
    c. Flush area of exposure with copious amounts of water.
    d. Atropine: 2.0 mg IV q 5 minutes until bronchial secretions and hemodynamically significant bradycardia are controlled (no maximum dose).
    e. Contact HIT for 2-PAM (pralidoxime) treatment.