

TOXIC INGESTION / EXPOSURE / OVERDOSE

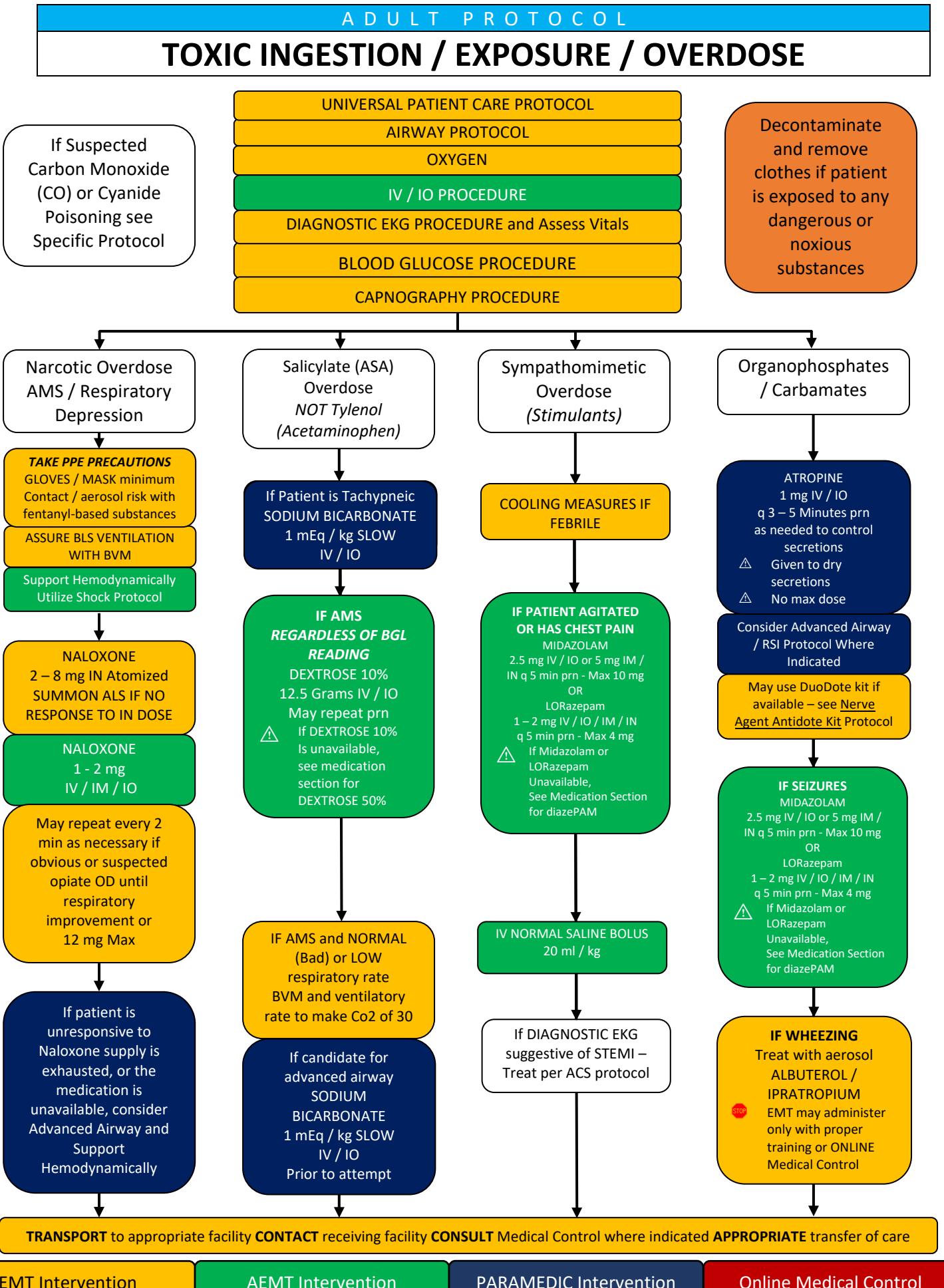
Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma



EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

TOXIC INGESTION / EXPOSURE / OVERDOSE

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Ingestion or suspected ingestion of a potentially toxic substance Substance ingested, route, quantity Time of ingestion Reason (suicidal, accidental, criminal) Available medications in home Past medical history, medications 	<ul style="list-style-type: none"> Mental status changes Hypo / hypertension Decreased respiratory rate Tachycardia, dysrhythmias Seizures 	<ul style="list-style-type: none"> Tricyclic antidepressants (TCAs) Acetaminophen (Tylenol) Depressants Stimulants Anticholinergic Cardiac medications Solvents, alcohols, Cleaning agents Insecticides (organophosphates) Respiratory depression Other organophosphates Carbamates

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KEY POINTS

- Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro
- Do not rely on patient history of ingestion, especially in suicide attempts.
- Bring bottles, contents, and emesis to ED.
- Tricyclic:** 4 major areas of toxicity: seizures, dysrhythmias, hypotension, decreased mental status or coma; rapid progression from alert mental status to death.
- Acetaminophen:** initially normal or nausea / vomiting. If not detected and treated, causes irreversible liver failure.
- Depressants:** decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils.
- Stimulants:** increased HR, increased BP, increased temperature, dilated pupils, and seizures.
- Anticholinergics:** increased HR, increased temperature, dilated pupils, and mental status changes.
- Cardiac Medications:** dysrhythmias and mental status changes.
- Solvents:** nausea, vomiting, and mental status changes.
- Insecticides:** increased or decreased HR, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils.
- Consider restraints if necessary for patient's and / or personnel's protection per the Restraint Procedure.
- If it can be done safely, take whatever container the substance came from to the hospital along with readily obtainable samples of medication unless this results in an unreasonable delay of transport.
- If applicable, DO NOT transport a patient to the hospital until properly decontaminated.
- Naloxone (Narcan) administration may cause the patient to go into acute opiate withdraw, which includes vomiting, agitation, and / or combative behavior. Always be prepared for combative behavior.
- Naloxone (Narcan) goal is to reverse life threatening respiratory depression
- Naloxone (Narcan) may wear off in as little as 20 minutes causing the patient to become more sedate and possibly hypoventilate. All A&O 4 patients having received Naloxone (Narcan) should be transported. If patient refuses transport, contact Online Medical Control before release.

CARBON MONOXIDE POISONING OR CYANIDE POISONING – SEE SPECIFIC PROTOCOL

POISON CONTROL 1-800-222-1222