

TOXIC INGESTION / EXPOSURE / OVERDOSE

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

If Suspected
Carbon Monoxide
(CO) or Cyanide
Poisoning see
Specific Protocol

UNIVERSAL PATIENT CARE PROTOCOL

AIRWAY PROTOCOL

OXYGEN

IV / IO PROCEDURE

DIAGNOSTIC EKG PROCEDURE and Assess Vitals

BLOOD GLUCOSE PROCEDURE

CAPNOGRAPHY PROCEDURE

Decontaminate and
remove clothes if
patient is exposed to
any dangerous or
noxious substances

Narcotic Overdose
AMS / Respiratory
Depression

TAKE PPE PRECAUTIONS
GLOVES / MASK minimum
Contact / aerosol risk with
fentanyl-based substances
**ASSURE BLS VENTILATION
WITH BVM**
Support Hemodynamically
Utilize Shock Protocol

NALOXONE
1 mg IN Atomized
SUMMON ALS IF NO
RESPONSE TO IN DOSE

NALOXONE
0.1 mg / kg
Max 2 mg / dose
IV / IM / IN / IO

May repeat every 2
min as necessary if
obvious or suspected
opiate OD until
respiratory
improvement or
12 mg Max

If patient is
unresponsive to
Naloxone, supply is
exhausted, or the
medication is
unavailable, consider
Advanced Airway and
Support
Hemodynamically

Salicylate (ASA)
Overdose
*NOT Tylenol
(Acetaminophen)*

If Patient is Tachypneic
SODIUM BICARBONATE
1 mEq / kg SLOW
IV / IO

**IF AMS
REGARDLESS OF BGL
READING**
DEXTROSE 10%
5 ml / kg IV / IO
Max 250 ml
May repeat prn
If DEXTROSE 10%
Is unavailable,
see medication
section for
DEXTROSE 50%

**IF AMS and NORMAL
(Bad) or LOW
respiratory rate**
BVM and ventilatory
rate to make Co₂ of 30

If candidate for
advanced airway
SODIUM BICARBONATE
1 mEq / kg SLOW
IV / IO
Max 50 mEq
Prior to attempt

Sympathomimetic
Overdose
(Stimulants)

**COOLING MEASURES IF
FEBRILE**

**IF PATIENT AGITATED OR
HAS CHEST PAIN**
MIDAZOLAM
0.05 - 0.1 mg / kg IV / IO
q 5 min prn - Max Dose 2.5mg
or
0.2 mg / kg IM / IN
q 5 min prn - Max Dose 5 mg
or
LORazepam
0.05 – 0.1 mg / kg slow
IV / IO / IN
q 10 min prn - Max Dose 2mg
If Midazolam or
LORazepam
Unavailable,
See Medication Section
for diazePAM

IV NORMAL SALINE BOLUS
20 ml / kg

Organophosphates
/ Carbamates

ATROPINE
0.05 mg / kg
Max 1 mg per dose
IV / IO
Repeat every 3 – 5
Minutes or as needed
to control secretions

⚠ Given to dry
secretions
⚠ No max dose

Consider Advanced
Airway Protocol

MIDAZOLAM
0.05 - 0.1 mg / kg IV / IO
q 5 min prn - Max Dose 2.5mg
or
0.2 mg / kg IM / IN
q 5 min prn - Max Dose 5 mg
or
LORazepam
0.05 – 0.1 mg / kg slow
IV / IO / IN
q 10 min prn - Max Dose 2mg
If Midazolam or
LORazepam
Unavailable,
See Medication Section
for diazePAM

IF WHEEZING
Treat with aerosol
ALBUTEROL /
IPRATROPIUM
EMT use only with
ONLINE Medical
Control

TRANSPORT to appropriate facility **CONTACT** receiving facility **CONSULT** Medical Control where indicated **APPROPRIATE** transfer of care

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

Airway / Breathing

Circulation / Shock

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Trauma

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