

- a. Acetaminophen overdose:
 - i. Consider activated charcoal without sorbitol (1 g/kg) PO only if within the first hour of ingestion *and* prolonged transport to definitive care
 - ii. Based on suspected quantity and timing, consider acetylcysteine (pediatric and adult), if available
 1. Loading dose is acetylcysteine 150 mg/kg IV; mix in 200 mL of dextrose 5% in water (D5W) and infuse over 1 hr
 2. After loading dose, give acetylcysteine 50 mg/kg IV in 500 mL D5W over 4 hrs.
 3. If IV is not available, acetylcysteine 140 mg/kg PO
 - iii. If risk of rapidly decreasing mental status, do not administer oral agents
- b. Aspirin overdose:
 - i. Consider activated charcoal without sorbitol (1 gm/kg) PO only if within the first hour of ingestion
 1. As ASA is erratically absorbed, charcoal is highly recommended to be administered early
 2. If altered mental status or risk of rapid decreasing mental status from polypharmacy, do not administer oral agents including activated charcoal
 - ii. In salicylate poisonings, let the patient breathe on their own, even if tachypneic, until there is evidence of decompensation or dropping oxygen saturation. Acid/base disturbances and outcomes worsen when the patient is manually ventilated
- c. Benzodiazepine overdose:
 - i. Respiratory support
 - ii. Consider fluid challenge (20 mL/kg) for hypotension
 - iii. Consider vasopressors after adequate fluid resuscitation (1–2 liters of crystalloid in adult) for the hypotensive patient
- d. Caustic substances ingestion (i.e., acids and alkali):
 - i. Evaluate for airway compromise secondary to spasm or direct injury associated with oropharyngeal burns
- e. Dystonia (symptomatic), extrapyramidal signs or symptoms, or mild allergic reactions
 - i. Consider administration of diphenhydramine
 1. **Adult:** diphenhydramine 25–50 mg IV or IM
 2. **Pediatric:** diphenhydramine 1–1.25 mg/kg IVP/IO or IM (maximum single dose of 25 mg)
- f. Monoamine oxidase inhibitor overdose (symptomatic, e.g., MAOI; isocarboxazid, phenelzine, selegiline, tranylcypromine)
 - i. Consider administration of midazolam for temperature control
 - ii. **Adult and Pediatric:** Midazolam 0.1 mg/kg in 2 mg increments slow IV push over one to two minutes per increment with maximum single dose 5 mg — reduce by 50% for patients 69 years old or older
- g. Opiate overdose, treat per the [Opioid Poisoning/Overdose Guideline](#)
- h. Oral ingestion unknown poisoning:
 - i. If there is a risk of rapidly decreasing mental status or for petroleum-based ingestions, do not administer oral agents
 - ii. Consider administration of activated charcoal without sorbitol (1 g/kg)