



Patient Management

Assessment

1. Assess ABCDs and if indicated expose and then cover to assure retention of body heat
2. Vital signs which include temperature
3. Apply a cardiac monitor, examine rhythm strip for arrhythmias, and consider obtaining a 12-lead EKG
4. Check blood glucose level
5. Monitor pulse oximetry and EtCO₂ for respiratory decompensation
6. Identify specific medication taken (noting immediate release vs. sustained release formulations), time of ingestion, and quantity
7. Pertinent cardiovascular history or other prescribed medications for underlying disease
8. Patient pertinent history
9. Patient physical

Treatment and Interventions

1. Consider activated charcoal without sorbitol (1 g/kg) PO only if within the first hour of ingestion, if indicated per the time of ingestion. If risk of rapid decreasing mental status, do not administer oral agent without adequately protecting the airway
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2. Check blood glucose level on all patients but especially on pediatric patients as beta-blockers can cause hypoglycemia in pediatric population
3. Consider atropine sulfate for symptomatic bradycardia
 - a. **Adult:** Atropine 1 mg IV q 5 minutes to maximum of 3 mg
 - b. **Pediatric:** Atropine 0.02 mg/kg (0.5 mg maximum) q 5 minutes, maximum total dose 1 mg
4. Consider fluid challenge (20 mL/kg) for hypotension with associated bradycardia
5. For symptomatic patients with cardiac effects (e.g., hypotension, bradycardia) consider:
 - a. **Adult:** Glucagon initial dose 5 mg IVP — this can be repeated in 5–10 minutes for a total of 10 mg
 - b. **Pediatric:**
 - i. Glucagon 1 mg IVP (25–40 kg) every 5 minutes as necessary
 - ii. Glucagon 0.5 mg IVP (less than 25 kg) q 5 minutes as necessary
6. Consider vasopressors after adequate fluid resuscitation (1–2 liters of crystalloid) for the hypotensive patient [See [Shock Guideline](#) for pediatric vs. adult dosing]
7. Consider transcutaneous pacing if refractory to initial pharmacologic interventions
8. If seizure, treat per [Seizures Guideline](#)
9. If widened QRS (100 msec or greater), consider sodium bicarbonate 1–2 mEq/kg IV. This can be repeated as needed to narrow QRS

Patient Safety Considerations

1. Transcutaneous pacing may not always capture nor correct hypotension when capture is successful
2. Aspiration of activated charcoal can cause airway management to be nearly impossible. Do not administer activated charcoal to any patients that may have a worsening mental status