



- PO particularly if it is within the first 1 hour after ingestion (including acetaminophen) *and* there will be prolonged transport to definitive care.
- iii. Patients who have ingested medications with extended release or delayed absorption may also be administered activated charcoal
  - i. Selective serotonin reuptake inhibitors (SSRIs)
    - i. Consider early airway management
    - ii. Treat arrhythmias following Advanced Cardiac Life Support (ACLS) guidelines
    - iii. Aggressively control hyperthermia with cooling measures
    - iv. Consider fluid challenge (20 mL/kg) for hypotension
    - v. Consider vasopressors after adequate fluid resuscitation (1–2 liters of crystalloid in adult) for the hypotensive patient [See [Shock Guideline](#)]
    - vi. For agitation, consider midazolam
      - 1. **Adult:** 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
        - a. Reduce by 50% for patients 69 years or older
      - 2. **Pediatric:** midazolam 0.1 mg/kg in 2 mg increments slow IV push over one to two minutes per increment with maximum single dose 4 mg or midazolam 0.2 mg/kg IN to maximum single dose of 10 mg
    - vii. For seizures, treat per [Seizures Guideline](#)
  - j. Tricyclic Antidepressant (TCA)/Sodium Channel Blocker Overdose:
    - i. Consider early airway management
    - ii. If widened QRS (100 msec or greater), consider sodium bicarbonate 1–2 mEq/kg IV, this can be repeated as needed to narrow QRS and improve blood pressure
    - iii. Consider fluid challenge (20 mL/kg) for hypotension
    - iv. Consider vasopressors after adequate fluid resuscitation (1–2 liters of crystalloid) for the hypotensive patient [See [Shock Guideline](#)]
    - v. For agitation, consider midazolam
      - 1. **Adult:** 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
        - a. Reduce by 50% for patients 69 years or older
      - 2. **Pediatric:** midazolam 0.1 mg/kg in 2 mg increments slow IV push over one to two minutes per increment with maximum single dose 4 mg or midazolam 0.2 mg/kg IN to maximum single dose of 10 mg
    - vi. For seizure, treat per [Seizures Guideline](#)

### **Patient Safety Considerations**

- 1. Scene/environmental safety for patient and clinician
  - a. Consider environmental carbon monoxide monitor use
- 2. Monitor patient airway, breathing, pulse oximetry, EtCO<sub>2</sub> for adequate ventilation as they may change over time
- 3. Repeat vital signs often
- 4. Monitor level of consciousness
- 5. Monitor EKG with special attention to rate, rhythm, QRS and QT duration
- 6. Maintain or normalize patient temperature