Exclusion Criteria

None noted

Patient Management

Assessment

1. Make sure the scene is safe. Use environmental Carbon Monoxide (CO) detector on "first in" bag if possible
2. Consider body substance isolation (BSI) or appropriate PPE
3. Assess ABCD and, if indicated, expose patient for assessment and then re-cover to assure retention of body heat
4. Vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment) temperature, and O_2 saturation including temperature
5. Attach cardiac monitor and examine rhythm strip for arrhythmias (consider 12-lead EKG)
6. Check blood glucose level
7. Monitor pulse oximetry and end-tidal capnography ($EtCO_2$) for respiratory decompensation
8. Perform carboxyhemoglobin device assessment, if available
9. When indicated, identify specific medication taken (including immediate release vs sustained release), time of ingestion, dose, and quantity. When appropriate, bring all medications (prescribed and not prescribed) found in the environment
10. Obtain an accurate ingestion history (as patient may become unconscious before arrival at the emergency department (ED)):
    a. Time of ingestion or exposure
    b. Route of exposure
    c. Quantity of medication or toxin taken (safely collect all possible medications or agents)
    d. Alcohol or other intoxicant taken
11. If bringing in exposure agent, consider the threat to yourself and the destination facility
12. Obtain pertinent cardiovascular history and other prescribed medications
13. Check for needle marks, paraphernalia, bites, bottles, or evidence of agent involved in exposure, self-inflicted injury, or trauma
14. Law enforcement should have checked for weapons and drugs, but you may need to re- check
15. Obtain any other pertinent patient history
16. Perform remainder of physical examination

Treatment and Interventions

1. Assure a patent airway
2. Administer oxygen as appropriate with a target of achieving 94–98% saturation, and if there is hypoventilation noted, support breathing
3. Initiate IV access for infusion of treatment medication and/or lactated Ringer's or normal saline if indicated, and obtain blood samples if EMS management might change based upon the value (e.g., glucose, lactate, cyanide)
4. Consider fluid bolus (20 mL/kg) if evidence of hypoperfusion
5. Administration of appropriate antidote or mitigating medication (refer to specific agent guideline if not listed below)