



- 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)