

**San Joaquin County  
Emergency Medical Services Agency****BLS Poisoning and Overdose**

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**AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

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**INFORMATION NEEDED:**

Surroundings and safety check: syringes, containers, flammables, gas cylinders, weapons, unusual odors.

For drug ingestion note: drug(s) taken, dosage, number of pills remaining in bottle, date prescription filled.

For toxic ingestion or exposure note: identifying information, warning labels, placards, MSDS. Check for commercial antidote kits (e.g. cyanide) in occupational settings.

Duration of illness: onset and progression of present state, symptoms, prior to exposure such as headache, seizures, confusion, difficulty breathing.

History of event: ingested substance, drugs, alcohol, toxic exposure, work environment, possible suicide.

Past medical history – behavioral emergencies, psychiatric care, allergic reactions, neurological disorders; confirm information with family member or bystander if possible.

**OBJECTIVE FINDINGS:**

Breath odor, track marks, drug paraphernalia, prescription opioid pain medication, vital signs, pupil assessment, skin signs, lung sounds and airway secretions.

**TREATMENT:**

1. Primary Survey – ensure ABC's.
2. Remove patient from contact with hazardous material or environment.
3. Confirm ALS transport is responding.
4. Monitor SpO<sub>2</sub>.
5. Administer oxygen for shortness of breath or signs of hypoxia: Oxygen 10-15 L/min via non-rebreathing mask. Patients with ineffective respirations: support ventilations with BVM, airway adjuncts, and suction.
6. Give patient nothing by mouth.
7. Secondary Survey and Routine Medical Care.
8. Suspected opioid overdose with respiratory depression:
  - A. Remove any transdermal opioid patches.

- B. Suction as needed.
- C. Ventilate with bag valve mask.
- D. Enhanced Skills EMT: Administer naloxone intranasal with mucosal atomization device:
  - a. Dose:
    - i. Adult dose (weight greater than 44lbs.) 2mg intranasal. May repeat once in 4 minutes for a total dose of 4mg.
    - ii. Pediatric dose (weight less than 44 lbs.) Administer dose based on dose chart below. Do not repeat dose.
  - b. Note: Do not administer naloxone to patients on hospice or receiving end of life care. If indicated ventilate patient by BVM while confirming advanced directive or POLST.

**Table 1: Naloxone Pediatric Weight Based Dosing Chart**

Body weight in kilograms / pounds	Dose
5 kg / 11 pounds	0.5 mg
10 kg / 22 pounds	1.0 mg
15 kg / 33 pounds	1.5 mg
20 kg / 44 pounds or greater	2.0 mg

Note: Do not exceed 2.0 mg, the maximum total dose for a pediatric patient.

- 9. Enhanced Skills EMT: Obtain blood glucose determination, if patient has an altered mental status or history of diabetes. If blood glucose is less than 70 mg/dl, administer oral glucose according to EMS Policy No. 5530, BLS Altered Mental Status.