

Overdose	
ADULT	PEDIATRIC
BLS Procedures	
<p>Decontaminate if indicated and appropriate</p> <p>Administer oxygen and support ventilations as indicated</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IN – 4 mg via pre-filled nasal spray, may repeat in 3 min x 1 to a total of 8 mg ○ IN – 2 mg (1 mg per nostril) via nasal atomizer, may repeat in 3 min x 1 to a total of 4 mg ○ IM – 2 mg, may repeat in 3 min x 1 to a total of 4 mg 	
ALS Standing Orders	
<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IV/IO – 0.5 mg ○ May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Opioid Withdrawal with COWS \geq 8 & Age \geq 16</p> <ul style="list-style-type: none"> • Buprenorphine <ul style="list-style-type: none"> ○ SL – 16 mg <ul style="list-style-type: none"> • Reassess after 10 min • Repeat 8 mg SL x 1 if symptoms persist or worsen • Max dose 24 mg • See algorithm below <p>Dystonic Reaction</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg 	<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 2 mg • May repeat in 3 min x 1 ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 0.5 mg • May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Dystonic Reaction (For patients \geq 6 months of age)</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 1 mg/kg <ul style="list-style-type: none"> • Max total dose 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg
Base Hospital Orders Only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10 mg if available 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available
<p>Additional Information:</p> <ul style="list-style-type: none"> • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERIN (Consult with ED Physician) • Buprenorphine: instruct patient not to chew or swallow tablet, it must dissolve in their mouth. No food or drink for at least 5 min. • Naloxone <ul style="list-style-type: none"> ○ It is not necessary that the patient be awake and alert. Titrate to maintain respirations greater than 12/min. 	

Effective Date: July 1, 2025
Next Review Date: March 12, 2025

Date Revised: March 12, 2024
Last Reviewed: March 12, 2024


VCEMS Medical Director

BUPRENORPHINE ADMINISTRATION ALGORITHM

