



4601

**Overdose / Adverse Reaction****Treatment Protocol**

Last Reviewed: October 4, 2022

Last Revised: July 1, 2023

**BLS Patient Management**

- **Establish, maintain, and ensure:**
    - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
    - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
    - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
  - **Oxygen**

As clinically indicated. Titrate to maintain, or increase, SpO<sub>2</sub> to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
  - Obtain and evaluate blood glucose
  - Attach ECG leads to the patient when a paramedic is present
  - Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
  - If able, and applicable, contact Poison Control at 1-800-222-1222
- \*\*REMSEA Authorized Public Safety Personnel AND first response agency BLS providers in the absence of ALS providers – LOSOP Approval Required\*\***
- **For respiratory depression / respiratory arrest with suspected narcotic overdose**

Naloxone **IN ONLY. MAY REPEAT ONCE.** Use REMSA approved administration device with REMSA approved pre-loaded dose.

**ALS Patient Management**

- Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients  
  
Consider the need for additional sites as clinically indicated
  - Interpret and continuously monitor ECG, SpO<sub>2</sub> and waveform / digital capnography
  - **For respiratory depression / respiratory arrest with suspected narcotic overdose**

**Adults:** Naloxone 0.5 mg (0.5 mL) IV/IO/IM/IN. **MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.**

**Pediatrics:** Naloxone 0.1 mg / kg IV/IO/IM/IN. **MAX SINGLE DOSE IS 0.5 MG. MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
  - **For suspected dystonic reaction**

**Adults:** Diphenhydramine 50 mg (1 mL) IM or slow IV/IO push. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

**Pediatrics:** Diphenhydramine 1 mg / kg slow IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
- \*\*OR\*\***
- Diphenhydramine 2 mg / kg IM. **MAX SINGLE DOSE IS 50 MG.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

**\*\*LOSOP required for BLS providers\*\***

- **For respiratory depression / respiratory arrest with suspected narcotic overdose**

Adults: Naloxone 0.5 mg (0.5 mL) **IN ONLY.** MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.

Pediatrics: 0.1 mg / kg **IN ONLY.** **MAX SINGLE DOSE IS 0.5 MG.** MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- **For suspected beta blocker or calcium channel blocker overdose**

**INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Adults: Calcium Chloride 1 gm (10 mL) IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes.

Pediatrics: Calcium Chloride 20 mg / kg IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

**INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Adults: Glucagon 1 mg (1 mL) IV/IO/IM.

Pediatrics: Glucagon 50 mcg / kg, IV/IO/IM. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- **For altered mental status and/or dysrhythmia with suspected cyclic antidepressant overdose**

**INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Adults: Sodium Bicarbonate 50 mEq (50 mL) IV/IO push.

Pediatrics: Sodium Bicarbonate 1 mEq / kg IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.