



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Known or suspected ingestion or injection of pharmacologically active substance, whether intentional or accidentalIngestion, inhalation, or absorption of potentially harmful substance	<ul style="list-style-type: none">LethargyAMSCombativeUnresponsive

Assessment:

- Medical Assessment
- Differential Diagnoses: Toxins, Seizure, CVA, Metabolic (glucose)

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">Oxygen therapy as indicated<ul style="list-style-type: none">100% O₂ for carbon monoxide, consider hyperbaric therapyVascular Access	<p>Sympathomimetic overdose</p> <ul style="list-style-type: none">Midazolam 0.1mg/kg IV/IO/IM/IN <p>Cholinergics and OGP poisoning</p> <ul style="list-style-type: none">Atropine 0.02mg/kg IV/IO<ul style="list-style-type: none">May repeat q5 minutes PRNMax single dose: 0.5mg <p>Opiate Overdose</p> <ul style="list-style-type: none">Naloxone 0.4mg-2mg IV/IO/IN/IM<ul style="list-style-type: none">For respiratory depression due to suspected opiate overdoseMay repeat PRN <p>Cardiotoxins</p> <ul style="list-style-type: none">For Symptomatic Bradycardia<ul style="list-style-type: none">Epinephrine infusion 2-10mcg/minMix 1 mg in 100ml (10mcg/ml)Utilize infusion pump <p>TCA or Na-Channel Blocker overdose</p> <ul style="list-style-type: none">Sodium Bicarbonate 1mEq/Kg IV/IO<ul style="list-style-type: none">For Hypotension and/or widened QRS

Consult:

- None

Considerations:

- Consider contacting Poison Control (1-800-POISON-1 / 1-800-764-7661)