REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Poisoning and Overdose

Overview: Poisoning and Overdose can take several forms and patients may range from mildly ill to very critical. This protocol is intended to guide EMS Responders in providing care for these patients. Variances in condition occur due to amount of substance involved, time of incident, type of substance involved, and whether it is an overdose or actual poison.

INFORMATION NEEDED

___ Surroundings and safety: check for syringes, containers, flammables, gas cylinders, etc. Note odors in house or surroundings.
___ For drug ingestions: note drug(s), dosage(s), number remaining and date of prescription(s) and bring container(s) with patient
___ For other poisoning and exposures: if possible, note identifying information, warning labels or numbers on packaging
___ Duration of illness: onset and progression of present state, antecedent symptoms such as headache, seizures, confusion, etc.
___ History of event: ingested substances, drugs, alcohol, toxic exposures, suicidal intention, and the work environment
___ Past medical history, psychiatric problems
___ If possible, corroborate information with family member or responsible bystander

OBJECTIVE FINDINGS

___ Breath odor
___ Needle tracks
___ Medic alert tags/ bracelets/medallions
___ Cardiac rhythm
___ Blood glucose level
___ Pulse oximetry
___ Vital signs
___ Pupil size
___ Skin appearance, color temperature
___ Lung sounds and airway secretions

TREATMENT

GENERAL TREATMENTS

__ Assess need for C-Spine precautions
__ Ensure ABC's, oxygenation, ventilation, and suction prn
__ Oxygen high flow as needed; if indicated, assist ventilations with BVM
__ RMC

TREATMENT (cont)

ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION
__Collect information
__Airway management
__RMC

NARCOTICS
__ Ensure ABC's, oxygenation, ventilation, and suction prn
__ Oxygen high flow as needed; if indicated assist ventilations with BVM

TRICYCLIC ANTIDEPRESSANTS (TCA)
__ Collect information
__ Airway management
__ RMC

CALCIUM CHANNEL BLOCKER OR BETA BLOCKER TOXICITY
__ Collect information
__ Airway management
__ RMS

ORGANOPHOSPHATES
SLUDGE (Salivation, lacrimation, urination, diaphoresis/diarrhea, gastric hypermotility, and emesis/eye[small pupils, blurry vision] characteristically seen.
__ Collect information
__ Airway Management
__ RMC
__ Consider HazMat precautions

UNKNOWN SUBSTANCE
__ Collect information
__ Airway management
__ RMC
__ If blood glucose < 60mg/dl or if patient is know diabetic
- **Glucose paste** or other **oral glucose** administration if patient is able to maintain their airway and follow commands
- **Glucagon 1 mg** if patient is ***unable*** to maintain their airway and follow commands

Documentation of adherence to protocol:

__ Airway management procedures as needed
__ Oxygen provided as needed
__ Information regarding substances involved e.g. ingested, toxic exposure to suicidal thoughts, etc.

PRECAUTIONS AND COMMENTS

- Patients with TCA overdoses may experience rapid depression of mental status, sudden seizures, or worsening of vital signs.
- Caustic ingestions are usually caused by alkali (e.g. lye or Draino) or acids.
- Hydrocarbons include gasoline, kerosene, turpentine, Pine Sol, etc.
- Contact Poison Control if substance is unknown.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Poisoning and Overdose

Overview: Poisoning and Overdose can take several forms and patients may range from mildly ill to very critical. This protocol is intended to guide EMS Responders in providing care for these patients. Variances in condition occur due to amount of substance involved, time of incident, type of substance involved, and whether it is an overdose or actual poison.

INFORMATION NEEDED

___ Surroundings and safety: check for syringes, containers, flammables, gas cylinders, etc. Note odors in house or surroundings.
___ For drug ingestions: note drug(s), dosage(s), number remaining and date of prescription(s) and bring container(s) with patient
___ For other poisoning and exposures: if possible, note identifying information, warning labels or numbers on packaging
___ Duration of illness: onset and progression of present state, antecedent symptoms such as headache, seizures, confusion, etc.
___ History of event: ingested substances, drugs, alcohol, toxic exposures, suicidal intention, and the work environment
___ Past medical history, psychiatric problems
___ If possible, corroborate information with family member or responsible bystander

OBJECTIVE FINDINGS

___ Breath odor
___ Needle tracks
___ Medic alert tags/ bracelets/medallions
___ Cardiac rhythm
___ Blood glucose level
___ Pulse oximetry
___ Vital signs
___ Pupil size
___ Skin appearance, color temperature
___ Lung sounds and airway secretions

TREATMENT

GENERAL TREATMENTS

__Assess need for C-Spine precautions
__Ensure ABC's, oxygenation, ventilation, and suction prn
__Oxygen high flow as needed; if indicated, assist ventilations with BVM
__RMC
__Advanced airway if indicated
__IV access

ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION

__Collect information
__Airway management
__RMC
__**Diphenhydramine** 50 mg IVP or IM (repeat as needed)

NARCOTICS

__ Ensure ABC's, oxygenation, ventilation, and suction prn_
__ Oxygen high flow as needed; if indicated assist ventilations with BVM
__ RMC
__ **Naloxone 2mg IVP or IM** for suspected opiate overdose with respiratory depression and/or signs of shock(titrate to overcome respiratory depression and repeat as needed)

TRICYCLIC ANTIDEPRESSANTS (TCA)

__ Collect information
__ Airway management
__ RMC
__ IV access
__ Hyperventilate with 100% oxygen, airway management as needed
__ Contact Medical Control for use of **Sodium Bicarbonate 1mEq/kg**, for hypotension, seizure, and/or QRS widening>0.10 seconds, repeat in 10 minutes with 0.5mEq/kg, prn to total of 2mEq/kg
__ After total of 2mEq/kg Sodium Bicarbonate, contact Medical Control for consideration of **Lidocaine 1.5mg/kg** for ventricular dysrhythmias. Repeat as needed **0.5 to 0.75mg/kg IV Lidocaine in 5-10 min**. to a max total dose of 3mg/kg per Medical Control.
__ Treat seizures according to Seizure Protocol

CALCIUM CHANNEL BLOCKER OR BETA BLOCKER TOXICITY

__ Collect information
__ Airway management
__ RMC
__ IV access
__ In the setting of Bradycardia and/or hypotension caused by a BetaBlocker overdose, **Glucagon 1 mg IM or slow IVP**

ORGANOPHOSPHATES

SLUDGE (Salivation, lacrimation, urination, diaphoresis/diarrhea, gastric hypermotility, and emesis/eye[small pupils, blurry vision] characteristically seen.

__ Collect information
__ Airway Management
__ RMC
__ Consider HazMat precautions
__ **Atropine 2-5mg IV; repeat q 2-5 min**. until SLUDGE symptoms subside

UNKNOWN SUBSTANCE

__ Collect information
__ Airway management
__ RMC
__ IV access
__ **Naloxone 2 mg IVP or IM** for suspected opiate overdose with respiratory depression and/or signs of shock (titrate to overcome respiratory depression and repeat as needed)
__ **Dextrose 50%(D50W) 25 grams IVP**; if blood glucose < 60mg/dl or if patient is know diabetic; repeat as needed based on patient response up to a total dose of 50grams. If you are unable to measure blood glucose level, assume hypoglycemia
__ **Glucagon 1 mg IM**, if unable to establish an IV to administer Dextrose
__ Advanced Air management as indicated
__ If hypotensive, administer fluid bolus of NS 500cc, reassess and repeat as indicated.
__ Continuously monitor vital signs and cardiac rhythm during transport

Documentation of adherence to protocol:

__ Airway management procedures as needed
__ Oxygen provided as needed
__ Information regarding substances involved e.g. ingested, toxic exposure to suicidal thoughts, etc.
__ Response to interventions
__ If extrapyramidal reaction occurs, Benadryl given
__ If Nalaxone given: AMS, respiratory depression documented

PRECAUTIONS AND COMMENTS

- In suspected opiate overdoses, withhold advanced airway management until after the patient has received **Naloxone**.
- Significantly higher doses of **Naloxone** may be needed for treatment of overdoses with synthetic opioid compounds such as Demerol, Fentanyl, etc.
- Consider titrating **Naloxone** to achieve adequate respiratory effort and avoid a withdrawal reaction or combativeness.
- Caustic ingestions are usually caused by alkali (e.g. lye or Draino) or acids.
- Hydrocarbons include gasoline, kerosene, turpentine, Pine Sol, etc.
- Contact Poison Control if substance is unknown.