

USE PROPER PRECAUTIONS. DECONTAMINATE PT PRIOR TO TREATMENT/TRANSPORT

TREATMENT:

- A. Treat per Universal Patient Care
- B. If systolic BP < 90 mmHg follow Shock Protocol.
- C. If unknown poison or overdose and patient has a decreased level of consciousness, treat per Altered Mental Status protocol.
- D. Contact Poison Control for specific management and treatment.
- E. Treat specific poisons/overdoses as outlined below:
 - **Aspirin or Acetaminophen:**
Contact OLMC for consideration of activated charcoal.
 - **Beta blockers:**
Contact OLMC for consideration of glucagon.
 - **Calcium channel blocker:**
Contact OLMC for consideration of calcium chloride, 10cc of 10% over 5-10 min.
 - **Carbon Monoxide:**
 1. High flow **Oxygen**.
 2. All symptomatic patients (e.g. headache, dizziness, nausea) should be transported.
 3. Transport patients with severe symptoms (e.g. cardiac ischemia, coma, syncope, seizures, loss of consciousness). Contact Medical Control for transport to hyperbaric facility.
 4. If CO monitor is available and CO reading is ≥ 15 , transport to nearest facility with a hyperbaric chamber (unless patient meets burn or trauma center criteria).
 - **Tricyclic antidepressant:**
 1. Treat seizures per Seizure Protocol
 2. Treat hypotension per Shock protocol.
 3. If patient exhibits arrhythmias or a widening QRS complex administer **Sodium Bicarbonate 1 mEq/kg IV/IO**. See Tachycardia Protocol.
 - **Organophosphates:**
 1. Prepare to handle copious secretions.
 2. Contact Medical Control. Administer **Atropine 1 – 2 mg slow IV/IO** until symptoms improve. See Haz-Mat Protocol for more specifics of treatment.
 - **Narcotic**
 1. Assist ventilations prn. Intubate prn
 2. Administer **Narcan 0.4 - 2mg IV/IO/IM**. Repeat dose once if no response.
- F. Contact Medical Control for advice on activated charcoal for other ingested poisons.

PEDIATRIC PATIENTS:

- **Narcotic**
 1. Assist ventilations prn. Intubate prn
 2. Administer **Narcan 0.1 mg/kg IV**, Max single dose 2mg. Repeat dose once if no response.

NOTES & PRECAUTIONS:

- A. SpCO levels may be elevated in smokers. Levels can range from 3-20% depending on the number of packs smoked.
- B. Pulse oximeter may provide a false reading in patients with elevated SpCO levels.
- C. If the patient exhibits extrapyramidal symptoms/dystonias with a history of phenothiazine use, consider diphenhydramine.
- D. For large organophosphate poisonings, refer to Haz Mat protocol.
- E. Do not neutralize acids or alkalis.
- F. Consider Haz Mat Team activation.

KEY CONSIDERATIONS:

Route of poisoning, amount of ingestion, antidote given, suicidal intent, multiple patients, psychiatric history

Poisoning & Overdose – 10.150

Toxidrome	Examples	Clinical Features	Antidotes
Sympathomimetic	Cocaine Methamphetamine	Agitation Diaphoresis Hypertension Hyperthermia Dilated pupils Tachycardia	Midazolam (OLMC)
Opioid	Heroin Hydromorphone Methadone Oxycodone	Depressed mental status Hypoventilation Constricted pupils	Naloxone
Cholinergic (Anti-cholinesterase)	Pesticides • Carbamates • Organophosphates Nerve agents	Muscarinic* Nicotinic** Central***	Atropine Pralidoxime (2-Pam) (Hazmat, OLMC)
Sedative-Hypnotic	Barbituates Benzodiazepines GHB	Depressed mental status Hypotension Hypothermia	Supportive treatment
Cardiotoxic drugs	Beta-blockers Calcium channel blockers	Bradycardia Conduction issues Hypotension	Glucagon (OLMC) Calcium (OLMC)
Anticholinergic	Atropine Jimson Weed Scopolamine Diphenhydramine	Delirium Hyperthermia Tachycardia Warm, dry skin	Supportive treatment Physostigmine (ED)
Sodium channel blockade	Tricyclic antidepressants Antiarrhythmics • Type 1A – quinidine, procainamide • Type 1C – flecainide, propafenone	Altered mental status Hypotension Seizures Wide complex tachycardia	Sodium Bicarbonate (OLMC)
*Muscarinic		**Nicotinic	***Central
Diarrhea, Urination, Miosis, Bradycardia, Bronchospasm, Bronchorrhea, Emesis, Lacrimation, Salivation, Sweating		Mydriasis, Tachycardia, Weakness, Hypertension, Hyperglycemia, Fasciculations	Confusion, Convulsions, Coma