# Overdose & Poisoning
## Adult Medical

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| Austin County EMS Protocol & Guideline | |
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| Version: | 1.0 |
| Date: | 04/2019 |

**Overview:** Early recognition and treatment of the substance involved in the overdose/poisoning improves patient's morbidity and mortality. Ensuring an objective approach in assessing and treating the patient will help guide the medic.

**Definition**: Any patient presenting with effects/side effects after being exposed (by any route) to a substance that is approaching or beyond the body's physiologic ability to compensate. All symptomatic patients should be treated.

**Poison Control (1800-222-1222)**

## EMT

- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- **CPR** & **AED** as appropriate to patient presentation
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO2 monitoring appropriate to patient presentation
- Obtain **BGL**
- Monitor **SPO2**
- Monitor Airway for vomiting
- **Naloxone -** 1- 2 mg IN - to improve respiratory status

## AEMT

- Establish IV of Normal Saline
- **Naloxone** 1-2 mg IV/IO/IN/IM

## Paramedic

### Tricyclic Antidepressant Overdose

**Sodium Bicarbonate** 1-2 mEq/kg SLOW IV for confirmed tricyclic overdose with correlating hypercapnia; intubation with hyperventilation should be considered

**Sodium Bicarbonate** infusion 25 mEq in 500 ml NS with confirmed tricyclic overdose

**Epinephrine IV infusion,** 1 mg of **1 :10;000-Epinephrine** in a 100 NS bag - titrated to B/P > 90mmHg

### Beta Blocker Overdose

- **Glucagon** 2 mg IV, repeated PRN, for symptomatic beta blocker overdose with bradycardia and / or hypotension.
- **Epinephrine** Infusion to maintain blood pressure with confirmed beta blocker overdose

**IF REFRACTORY**

- **Atropine:** 1mg IV/IO; max of 3mg

### Phenothiazine OD/Dystonic Reaction

- **Diphenhydramine:**
  - 25 mg IV/IO; may repeat x1 **OR**
  - 50 mg IV/IO Max Single Dose

**IM ADMINISTRATION**

- 25 mg IV/IO and 25 mg IM **OR**
- 50 mg IM (if no IV/IO access)

***Presentation includes back pain/spasm,*

### Calcium Channel Blocker Overdose

- **Calcium Chloride Infusion** 1-2 grams IV/IO over 10 minutes
  - May repeat every 20 minutes PRN
  - Max Dose of 10 Grams

*Pacing is anticipated to not be effective; CPR only is the preferred perfusion method in cardiac arrest.*

### Organophosphate

- **Atropine:** 2-5 mg IV/IO or 2 mg IM
  - May repeat to maintain HR > 100 & clear lung sounds
- **Consider CPAP:** (see procedure)

***Large total dose may be needed to support ABC's until definitive antidote can be administer*

### Cocaine OD / Suspected Stimulant OD

- **Lorazepam** 2-10 mg IV/IO/IN
- **Diazepam:** 2-10 mg IV/IO
  - Repeat every 5 minutes PRN
  - Max of 30 mg
  - **Normal Saline**: 20ml/kg

**REFRACTORY SIGN & SYMPTOM**

- **Midazolam: 1-2 mg** IV/IO/IN/IM
  - Repeat every 5 minutes PRN
  - Max of 0.1 mg/kg
  - Must have SBP of >100 mmHg

***Treat only if associated sign/symptoms such as anxiety, tremors, restlessness, tachycardia, etc. Associated Chest Pain – treat according to* ***ACS Protocol***

### Opiate Overdose

- **Naloxone** 0.5-1 mg SLOW IV/IM/IN PRN with narcotic overdose and patient is experiencing respiratory depression, titrated to respiratory effort

***Do not administer if airway is controlled.*
***Do not administer if suspected that RSI/Restraint will be needed post administration.*
***Doses below 0.5 mg are acceptable*

**PEARLS**

- Contact Poison Control (1800-222-1222) if questionable/unknown overdose/poisoning substance. This will help guide the medic to anticipated presentation and prepare for intervening treatments.
- New compounds are being developed every day in the legal and illegal drug market. Utilization of good patient assessment and scene size up are essential in identifying appropriate treatment. **Poison control can be considered viable medical consultant** and instances that Overdose/poisoning that do not include the above protocol can be treated according to the recommendation and the medic agrees treatment is appropriate

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