



## POISONING AND OVERDOSE

**Effective:** January 1, 2025  
**Replaces:** January 1, 2024

### 1. Patient Care Goals

- 1.1. Remove patient from hazardous environment. Decontaminate to remove continued sources of absorption, ingestion, inhalation, or injection
- 1.2. Assess risk for organ impairments
- 1.3. Identify antidote or mitigating agent
- 1.4. Treat signs and symptoms in effort to stabilize patient

### 2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
- 2.2. Secure patient's airway as appropriate (700-M01)
  - 2.2.1. **Oxygen** – titrate as appropriate
- 2.3. **Blood Glucose Level** (BGL)
- 2.4. Determine the substance and/or dosage of the overdose
- 2.5. If Narcotics or Opioids are suspected:
  - 2.5.1. **Naloxone Intranasal Autoinjector** (EMT-B only), may repeat once (max of two doses total)
  - 2.5.2. If ALS is on scene, Naloxone should be given IV or IM by ALS provider
    - 2.5.2.1. Methadone, Darvon and Darvocet may require repeated doses

### 3. ALS Treatment

- 3.1. **Vascular Access (IV) or Vascular Access (IO)**, per procedure (700-M13)
- 3.2. **Consider 12-lead ECG**

### 4. General Ingestion of a Poison

- 4.1. **Activated Charcoal 1 g/kg PO**, if time of ingestion is less than 1-hour, max dose 50 gm
- 4.2. Charcoal is contraindicated if patient lacks gag reflex and cannot self-administer, or has ingested substance(s) not bound by charcoal, such as: caustics, lithium, metals, ethylene glycol, iron, methanol, other alcohols, or hydrocarbons

### 5. Narcotics/ Opioids

- 5.1. **Naloxone 1-2 mg IV** (titrate to effect in 0.4mg increments, repeat as needed)
- 5.2. **Naloxone 1-2 mg IM** (repeat as needed)

### 6. Tri-Cyclic Anti-Depressants

- 6.1. **Sodium Bicarbonate 1 mEq/kg IVP**, max dose of 100 mEq, for hypotension (SBP 90mmHg or less), seizure, and/or a QRS widening greater than 0.10 seconds
- 6.2. If hypotension and seizures persist, or if the QRS becomes greater than 0.12 seconds, administer additional **Sodium Bicarbonate 0.5m Eq/kg IVP**, max dose of 50 mEq

### 7. Organophosphates/ Cholinergics/ Pesticides

- 7.1. **Atropine 2 mg IVP**, repeat every 5 minutes until asymptomatic, multi-dose vial should be used, if available



7.2. If symptoms persist after all interventions, administer:

7.2.1. **Antidote Treatment Nerve Agent Autoinjector (ATNAA)** IM in lateral thigh

### 8. Dystonic Reactions

8.1. Administer **Diphenhydramine 50 mg IV / IM** for dystonic reactions

### 9. Calcium Channel Blockers – (Diltiazem, Verapamil, Nifedipine)

9.1. **Glucagon 1 mg IM** for hypotension (SBP 90mmHg or less)

9.2. **Calcium Chloride 10% 20-30 mg/kg IV (max dose 1 gm)**, give over several minutes for persistent hypotension or symptomatic bradycardia

9.3. Calcium chloride is contraindicated if the patient is currently taking Digoxin

### 10. Beta Blockers – (Atenolol, Metoprolol, Nadolol)

10.1. **Glucagon 1mg IM** for SBP 90mmHg or less

10.2. Treat symptomatic bradycardia as necessary with additional **Glucagon 1 mg IM**

### 11. Pertinent Assessment Findings

11.1. Frequent reassessment is essential as patient deterioration can be rapid and catastrophic

### 12. Key Documentation Elements

12.1. Repeat evaluation and documentation of signs and symptoms as patient clinical conditions may deteriorate rapidly.

12.2. Identification of possible etiology of poisoning

12.3. Initiating measures on scene to prevent exposure of bystanders when appropriate/indicated.

12.4. Time of symptoms onset and time of initiation of exposure specific treatments