



SUBSTANCE OVERDOSE / POISONING - ADULT/ADOLESCENT

ALS STANDING ORDERS:

1. Assist ventilation with BVM and suction airway as needed.
2. Pulse oximetry, if room air oxygen saturation less than 95%, administer:
 - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. Blood glucose analysis, if blood glucose less than 60 (for 60-80, use paramedic impression), administer one of:
 - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
 - ▶ *10% Dextrose 100-250 mL IV*
 - ▶ *50% Dextrose 50 mL IV*
 - ▶ *Glucagon 1.0 mg IM if unable to establish IV. (IO access may be used for dextrose administration (50% Dextrose 50 mL IO) when patient is unconscious with blood glucose < 60, unable to establish IV and there is no response to IM glucagon).*
4. For blood pressure less than 90 systolic and lungs clear to auscultation:
 - ▶ *Establish IV access*
 - ▶ *Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion*

Proceed with appropriate management as listed below:

Suspected Narcotic Overdose:

- If respiratory depression (respiratory rate less than or equal to 12 minute), give:
- ▶ *Naloxone (Narcan®):*
 - *0.8, 1 or 2 mg IN or IM, repeat every 3 minutes as needed to maintain respiratory rate.*
 - *0.4-1 mg IV, every 3 minutes as needed to maintain respiratory rate.*

Suspected Stimulant Intoxication:

- If agitated and a danger to self or others, sedate with:
- ▶ *Midazolam 5 mg IV/IM once.*
- If on-going or recurrent seizure activity:
- ▶ *Midazolam 5 mg IV/IM/IN, may repeat once.*
- Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:
If sudden hypoventilation, oxygen desaturation (per pulse oximetry), or apnea:

Approved:

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- ▶ Assist ventilation with BVM (intubate as time permits),
- Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.
- If signs of dehydration or poor perfusion and lungs clear to auscultation (no evidence CHF):
 - ▶ Establish IV access and give 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.
- If continuous nausea or vomiting, and not suspected or known to be pregnant:
 - ▶ Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) to dissolve orally on inside of cheek;
OR,
4 mg IV, may repeat 4mg IV after approximately 3 minutes for continued nausea or vomiting.

Suspected **Organophosphate Poisoning** (including Chemical Agents):

- ▶ Atropine 2 mg IV, repeat once as needed, alternate route 2 mg IM, repeat once as needed. (For DuoDote® Kit instructions and dosing during health emergencies or disaster, refer to Guideline B-35).
- For wheezes or bronchospasm:
 - ▶ Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.
 - ▶ CPAP if available as tolerated and if not contraindicated (reference PR-120).
- For on-going or recurrent seizure activity:
 - ▶ Midazolam 5 mg IV/IM/IN, may repeat once.

Suspected **Cyanide Toxicity** (OR Inhalation of Smoke Generated by Plastics, Hydrocarbons):

- ▶ High flow oxygen by mask
- ▶ Cardiac monitor and document rhythm.
- ▶ Hydroxocobalamin (if available) 5 gm/200 mL solution IV/IO over 15 minutes.
Requires base hospital order.
- For wheezes or bronchospasm:
 - ▶ Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.
 - ▶ CPAP if available as tolerated and if not contraindicated (reference PR-120).
- For on-going or recurrent seizure activity:
 - ▶ Midazolam 5 mg IV/IM/IN, may repeat once.

Approved:

Carl Schultz, MD

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Suspected Carbon Monoxide Toxicity

- ▶ *High flow oxygen by mask*
- ▶ *Cardiac monitor and document rhythm.*

→For wheezes or bronchospasm:

- ▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*
- ▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*

→For on-going or recurrent seizure activity:

- ▶ *Midazolam 5 mg IV/IM/IN, may repeat once.*

Suspected Extrapiramidal Reaction:

- ▶ *Diphenhydramine (Benadryl®) 50 mg IM or IV once.*

5. ALS escort any of above patients to the nearest ERC or contact Base Hospital as needed.

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