ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL ALS STANDING ORDERS

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 (or if 60-80 and suspect hypoglycemia),
   administer one of:
   ▶ Oral glucose preparation, if tolerated and airway reflexes are intact.
   ▶ 10% Dextrose 100-250 mL IV
   ▶ Glucagon 1.0 mg IM if unable to establish IV. (IO access may be used for dextrose administration
     when patient is unconscious with blood glucose < 80, 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:

Suspicious 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.
     □ 4 mg/0.1 mL preloaded nasal spray IN

Suspicious 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 4 mg 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.
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 Extrapyramidal 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.