

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Drug Overdose and
Poisoning Protocol**

Poisoning may occur by ingesting, injecting, inhaling or absorbing a harmful substance or a substance in harmful quantities. Due to the magnitude and multiplicity of agents that are toxic or could be used as toxins, this protocol focuses on a general approach to the patient who has taken an overdose or has been exposed to a toxic agent. The substance container may have vital information for resuscitation of a poisoned patient. Communication with Medical Control is the best way to obtain rapid and accurate advice on treatment guidelines for specific substances.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Patient Care Protocol*.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Patient Care Protocol*.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.

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ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Patient Care Protocol*.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary and have suction readily available.
4. **Narcan:** 2mg IV or IM if suspected narcotic overdose. May repeat 2mg IV or IM if no response in *5 minutes* (**with Medical Control order**).
5. **IV Fluid Therapy:** 500mL fluid bolus if the patient is hypotensive to achieve a systolic BP of at least 100mmHg.
6. Initiate ALS intercept if needed and transport as soon as possible.
7. Contact the receiving hospital as soon as possible or Medical Control if necessary.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.
3. Consider possible scene & patient contamination and follow agency safety procedures.

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ALS Care (continued)

4. **Narcan:** 2mg IV or IM if suspected narcotic overdose. May repeat 2mg IV or IM if no response in *5 minutes*.
5. **Sodium Bicarbonate:** 50meq IV/IO if known tricyclic antidepressant (TCA) or known Aspirin (ASA) overdose.
6. **IV Fluid Therapy:** 500mL fluid bolus if the patient is hypotensive to achieve a systolic BP of at least 100mmHg.
7. Transport as soon as possible.
8. Contact the receiving hospital as soon as possible.

Critical Thinking Elements

- Overdose patients should not be allowed to refuse treatment and transport.
- DO NOT give a suspected poisoning patient anything by mouth.
- Caustic substances are those which have strong acid or alkali properties and usually cause intra-oral burns, painful swallowing or burning/painful regurgitation.
 - **Common Acids:** Hydrochloric Acid (swimming pool and toilet bowl cleaners), Sulfuric Acid (battery acid), Acetic Acid and Phenol.
 - **Common Bases (Alkali):** Lye (washing powders and paint removers), drain pipe cleaners (Drano), disk batteries, bleach, ammonia, polishes, dyes and jewelry cleaners.
- Patients who overdose on TCAs may initially appear well but may **rapidly** deteriorate. Monitor closely for ALOC and cardiovascular instability. Tachycardia and a widened QRS complex are generally signs of a life-threatening ingestion.
 - **Common TCAs:** Amitriptyline, Elavil, Doxepin, Imipramine, Clomipramine, etc.
- Narcotic and benzodiazepine overdoses do not generally cause abrupt changes in consciousness except when combined with alcohol use.
 - **Common Benzodiazepines:** Valium, Diazepam, Ativan, Lorazepam, Xanax, etc.