

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: July 1, 2009

Reviewed: July 1, 2015, 2019

Revised: July 1, 2017

Scope: BLS/ALS – Adult/Pediatric



EMS Agency Medical Director

POISONING / OVERDOSE

ADULT

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts. Administer oxygen at appropriate flow rate, preferably high flow via non re-breather mask.

If patient is unconscious, place in a left lateral recumbent position and be prepared to suction airway.

Attempt to identify type / quantities of ingested substance and when substance was ingested, collect all pertinent medication containers for transport with the patient.

Contact Poison Control Center @ **(800) 222-1222**

PROTOCOL PROCEDURE: *Treat specific ingestion/exposure according to specific treatment guidelines. Base station should either contact Poison Control Center or advise prehospital personnel to do so directly. Flow of protocol presumes that the patient's condition is continuing. If patient is in severe distress, immediate, rapid transport is preferred with treatment performed en route.*

LEMSA APPROVED PROVIDER-ACCREDITED EMT

EMTs may carry naloxone **ONLY** if they are working for, and on duty, for an EMS provider agency has been approved by the local EMS Agency Medical Director to carry and administer the medication.

GLUCOSE LEVEL ASSESSMENT: for ALOC, rule out diabetic emergency

FOR SUSPECTED NARCOTIC OVERDOSE:

Refer to Formulary/ ALOC protocol for naloxone indications and dose.

ALS TREATMENT

NORMAL SALINE – establish IV/IO. Administer 1000 mL fluid challenge if systolic BP is < 100 mm Hg. Titrate to a systolic BP of 100.

GLUCOSE LEVEL ASSESSMENT - for ALOC, rule out diabetic emergency.

FOR SUSPECTED NARCOTIC OVERDOSE:

Refer to Formulary/ALOC protocol for naloxone indications and dose.

FOR INGESTION OF DRUGS OR CHEMICALS:

ACTIVATED CHARCOAL - administer 50 gm orally. (If ingestion is with 1 hour)
Contraindicated in patients with ALOC

REFER TO ALOC OR SEIZURE PROTOCOL(S) AS APPROPRIATE**CONTACT BASE STATION****FOR ORGANOPHOSPHATE POISONING:****ATROPINE (if patient is symptomatic):**

IV/IO/IM: administer 2 mg. May be repeated q 5 minutes until symptoms clear.

ET: administer 4 mg (followed with 5 mL normal saline flush and 5 normal ventilations). May be repeated q 5 minutes until symptoms clear.

If symptoms are severe or the patient does not respond to treatment, higher doses of atropine may be ordered by base station.

FOR TRICYCLIC ANTIDEPRESSANT OVERDOSE:

SODIUM BICARBONATE - administer 1 mEq/kg IV/IO push for cardiac toxicity. May require second dose and 1-2 L fluid resuscitation. The goal is correction of QRS widening and cardiac stability.

FOR BETA BLOCKER OVERDOSE:

GLUCAGON - administer 2 - 4 mg IV/IO/IN push or IM.

FOR CALCIUM CHANNEL BLOCKER OVERDOSE:

CALCIUM CHLORIDE - administer 10 mg/kg (0.1ml/kg) of a 10% solution slow IV/IO push.

Calcium Chloride is contraindicated in patients taking digitalis-based medications

PEDIATRIC**BLS TREATMENT**

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts. Administer oxygen at appropriate flow rate, preferably high flow via non re-breather mask.

If patient is unconscious, place in a left lateral recumbent position and be prepared to suction airway.

Attempt to identify type / quantities of ingested substance and when substance was ingested, collect all pertinent medication containers for transport with the patient.

Contact Poison Control Center @ **(800) 222-1222**

PROTOCOL PROCEDURE: *Treat specific ingestion/exposure according to specific treatment guidelines. Base station should either contact Poison Control Center or advise prehospital personnel to do so directly. Flow of protocol presumes that the patient's condition is continuing. If patient is in severe distress, immediate, rapid transport is preferred with treatment performed en route.*

ALS TREATMENT

NORMAL SALINE – Establish IV/IO. If signs and symptoms of shock, administer 20 mL/kg fluid challenge. May re-bolus at 20 mL/kg until a maximum of 60 mL/kg has been reached.

GLUCOSE LEVEL ASSESSMENT – for ALOC, rule out diabetic emergency.

FOR SUSPECTED NARCOTIC OVERDOSE: Refer to Formulary/ALOC protocol for naloxone indications and dose.

REFER TO ALOC OR SEIZURE PROTOCOL(S) AS APPROPRIATE**CONTACT BASE STATION****FOR INGESTION OF DRUGS OR CHEMICALS:**

ACTIVATED CHARCOAL – For pediatric patients: 25gm (125ml, half the contents of a bottle) unless a large quantity of intoxicant has been ingested and where there is risk of life. In these circumstances, administer 50gm (250ml) (If ingestion is within 1 hour)

Contact Poison Control for contraindication guidelines

FOR ORGANOPHOSPHATE POISONING:

ATROPINE (if patient is symptomatic):

For pediatric patients: 0.02mg/kg IV/IO initially, repeat every 30 minutes until muscarinic symptoms reverse.

Contact Poison Control for contraindication guidelines.

FOR TRICYCLIC ANTIDEPRESSANT OVERDOSE:

SODIUM BICARBONATE - administer 1 mEq/kg IV/IO push for cardiac toxicity. May require second dose and aggressive fluid resuscitation. The goal is correction of QRS widening and cardiac stability.

FOR BETA BLOCKER OVERDOSE:

GLUCAGON - administer 0.1 mg/kg IV/IO/IN push or IM.

FOR CALCIUM CHANNEL BLOCKER OVERDOSE:

CALCIUM CHLORIDE – administer 20mg/kg (0.2 mL/kg) of a 10% solution slow IV/IO push.

Calcium Chloride is contraindicated in patients taking digitalis-based medications