

POLICY: 554.51
TITLE: Poisoning/Overdose

EFFECTIVE: 2/24/21
REVIEW: 2/2026
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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POISONING/OVERDOSE

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Be careful not to contaminate yourself and others, remove contaminated clothing, refer to Emergency Response Guide and bring in the container or label.

EMR STANDING ORDERS

Patient Assessment	Circulation, Airway, Breathing. Assess vitals q5 minutes
Oxygen Administration	Provide oxygen if appropriate
Suction	Be prepared to suction the airway

EMT STANDING ORDERS

Note	If applicable must perform items in EMR standing orders
Pulse Oximetry	Report initial reading to paramedic if applicable
Glucometer	Obtain blood glucose level if patient displays ALOC
Naloxone	If respirations are <10/min or systolic BP<90, give 2mg IM or IN. May repeat once in 3-5 minutes if high suspicion of narcotic overdose

PARAMEDIC STANDING ORDERS

Note	If applicable must perform items in EMR and EMT standing orders
Monitor	Treat heart rhythm as appropriate

IV/IO Access	If systolic BP is < 90mmHg, give 500ml boluses until systolic BP is 90-100mmHg. Reassess patient after each bolus. Max fluid 2000ml
NARCOTICS/OPIOIDS-SEDATIVES	
Naloxone	Only if respirations are < 10/min or systolic BP is < 90mmHg, give 2mg IV/IO/IM/IN. May repeat ONCE in 3-5 minutes if high suspicion of narcotic overdose.
TRICYCLIC ANTIDEPRESSANTS	
Sodium Bicarbonate	1mEq/kg IV/IO for: <ul style="list-style-type: none"> a. GCS < 15 b. HR > 100 c. Systolic BP < 90mmHg d. QRS widening > 0.12 e. High suspicion of tricyclic ingestion Repeat 0.5mEq/kg IV/IO every 5 minutes for persistent signs and symptoms.
BETA BLOCKER OVERDOSE	
Atropine	1mg IV/IO if BP < 90mmHg AND HR < 50/min with serious signs and symptoms. May repeat once in 5 mins.
Glucagon	1mg IM for serious signs and symptoms of Beta Blocker overdose only.
<u>CALCIUM CHANNEL BLOCKER OVERDOSE</u>	
Calcium Chloride	If Calcium Channel Blocker ingestion is suspected, give 100mg for BP < 90mmHg AND HR < 50/min AND serious signs and symptoms. May repeat in 5 minutes.
Atropine	1mg IV/IO if BP < 90mmHg AND HR < 50/min with serious signs and symptoms. May repeat once in 5 mins.
CAUSTICS/CORROSIVES/PETROLEUM DISTILLATES	
Remove Agent. If agent is dry, brush off then flush with copious amounts of water. If agent is liquid, flush with copious amounts of water. If eyes are contaminated, flush with water for a minimum of 20 minutes.	
Do not induce vomiting or give Activated Charcoal	
ORGANOPHOSPHATES	
Atropine	2mg slow IV/IO or IM. Repeat every 3 minutes as needed to control secretions, bronchorrhea, and dysrhythmias Signs and symptoms include- <u>S</u> alivation, <u>L</u> acrimation, <u>U</u> rination, <u>D</u> efecation, <u>G</u> I upset, <u>E</u> mesis, and <u>M</u> uscle twitching
AMPHETAMINE OR COCAINE INTOXICATION WITH ACUTE AGITATION	
Midazolam	2mg IV/IO. Titrate 1mg increments to control agitation or psychosis (max dose of 6mg). If unable to establish IV access (after one attempt), give 5mg IM/IN. May repeat IM/IN dose once in 10 minutes if uncontrollable behavior continues.

Clinical PEARLS:

- Contact Base Hospital if any questions or if additional therapy/treatment is required. Any Poison Control Center consultation must be coordinated with Base Hospital.
- If Law enforcement administers Naloxone prior to arrival, EMS may administer additional Naloxone if suspected narcotic overdose
- ETCO2 monitoring required for administration of Midazolam if tolerated by patient