Poisoning/Overdose

Pre-Medical Control

GENERAL MANAGEMENT OF TOXIC EXPOSURE (INCLUDING INGESTION)

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol.**
2. Use proper protective equipment and prepare for decontamination if necessary.
3. Remove clothing exposed to chemical (dry decon).
4. Identification of the substance (patient has been exposed to).

EMT/SPECIALIST/PARAMEDIC

5. Alert receiving hospital if patient may present HAZMAT risk.
6. Sample of drug or substance and any medication or poison containers should be brought in with patient if it does NOT pose a risk to rescuers.

PARAMEDIC

7. Refer to **Pain Management Procedure**

INHALATION EXPOSURES:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Dilute noxious gas inhaled (including carbon monoxide & smoke), ensure high concentration of oxygen is provided.
2. If suspected cyanide gas exposure, refer to **Cyanide Exposure Protocol** and contact medical control immediately.

EYE CONTAMINATION:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Irrigate continuously with Normal Saline or tap water for 15 minutes (attempt to continue enroute) or as directed by Medical Control.
2. For alkali exposure, maintain continuous irrigation.

PARAMEDIC

3. If available, administer Tetracaine, 1-2 drops per eye to facilitate irrigation. Ensure patient does not rub eye.

Tetracaine:
☐ Included
☐ Not Included

SKIN ABSORPTION:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Brush off dry chemicals before irrigation
2. Irrigate continuously with Normal Saline, or tap water for 15 minutes or as directed by Medical Control.

INGESTION:

MFR/EMT/SPECIALIST/PARAMEDIC

1. If altered mental status, refer to **Altered Mental Status Protocol**.
2. If respiratory distress, refer to **Respiratory Distress Protocol.**
3. If the patient is seizing, refer to **Seizure Protocol**.

PARAMEDIC

4. If cardiac dysrhythmia, refer to appropriate dysrhythmia protocol.

ORGANOPHOSPHATE EXPOSURE (MALATHION, PARATHION)

MFR/EMT/SPECIALIST/PARAMEDIC

1. Administer Mark I Kit/Duo Dote auto injector per **CBRNE Nerve Agent/Organophosphate Pesticide Exposure Treatment Protocol.**
2. Mild or moderate symptoms
   A. 1 Mark I Kit/Duo Dote auto injector
3. Severe signs & symptoms
   B. 3 Mark I Kits/Duo Dote auto injectors
   C. If 3 Mark I Kit/Duo Dote auto injectors are used, administer 1st dose of benzodiazepine, if available.

PARAMEDIC

4. If Mark I Kit/Duo Dote auto injector is not available, administer Atropine 2 mg IV/IM (if available) per each Mark I Kit/Duo Dote auto injector indicated (each Mark I Kit contains 2 mg of Atropine) repeated every 5 minutes until "SLUDGEM" symptoms improve or as directed.(Salivation, Lacrimation, Urination, Defecation, Gastrointestinal hypermotility, Emesis, Muscle twitching or spasm).

MANAGEMENT OF BITES AND STINGS

SPIDERS, SNAKES AND SCORPIONS :

MFR/EMT/SPECIALIST/PARAMEDIC

1. Protect rescuers. Bring in spider, snake or scorpion if captured and contained or if dead for accurate identification.
2. Ice for comfort on spider or scorpion bite; DO NOT apply ice to snake bites.

BEES AND WASPS:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Remove sting mechanism from honey bees only by scraping out. Do not squeeze venom sac if this remains on stinger.
2. Provide wound care.
3. Observe patient for signs of systemic allergic reaction. Treat anaphylaxis per **Anaphylaxis/Allergic Reaction Protocol.**

DRUG< CHEMICAL< PLANT< MUSHROOM INGESTION:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Use protective eye equipment.
2. In situations of potential ingestion or inhalation of petroleum distillates, do NOT induce vomiting.
3. Monitor the patient's respiratory and mental status very closely.
4. If patient is alert and oriented, prepare for emesis; recover and save emesis. Use appropriate barriers according to universal precautions guidelines.

SPECIALIST/PARAMEDIC

5. In suspected narcotic overdose with respiratory compromise or hemodynamic instability, administer Naloxone 2 mg IV slowly, titrating to improve respiratory status or IM, repeat as needed.

Post Medical Control

SPECIALIST/PARAMEDIC

6. If Beta Blocker overdose is suspected AND the patient is bradycardic and hypotensive; per MCA selection administer Glucagon 1 mg IV/IM/IO. May be repeated after contact with Medical Control and if additional Glucagon is available.

Glucagon

☐ Included
☐ Not Included

PARAMEDIC

7. For symptomatic tricyclic antidepressant ingestions (tachycardia, wide complex QRS), administer sodium bicarbonate 50 mEq IV, repeat as needed.
8. For extrapyramidal dystonic reactions, administer diphenhydramine 50 mg IV.
9. For symptomatic calcium channel blocker overdose, per MCA selection administer Glucagon 1 mg IV/IM/IO. Consider calcium chloride 1 gm IV.

Follow General Pre-hospital Care **Protocol**

Toxic Exposure (including ingestion)

- Use proper equipment & prepare for decontamination if necessary
- Remove clothing exposed to chemical (dry decon)
- Identify substance (patient exposed to)
- Alert receiving hospital if patient may present HAZMAT risk
- Sample of drug or substance & any medication or poison containers should be brought in with patient if it does NOT pose a risk to rescuers
- Refer to **Pain Management Procedure**

Inhalation exposures

- Dilute noxious gas inhaled including carbon dioxide & smoke
- Ensure high concentration of oxygen is provided
- If suspected cyanide gas exposure – refer to **Cyanide Exposure Protocol** and contact Medical Control immediately

Eye contamination

- Irrigate continuously with Normal Saline or tap water 15 min (attempt to continue enroute) or as directed by Med Control
- Alkali exposure, maintain continuous irrigation
- If available, administer Tetracaine 1-2 drops per eye, to facilitate irrigation ensure patient does not rub eyes.

Tetracaine
☐ Included
☐ Not Included

Skin absorption

- Brush off dry chemicals before irrigation.
- Irrigate continuously with Normal Saline or tap water for 15 min or as directed by Med Control

Ingestion

Altered Mental Status **– refer to Pediatric Altered Mental Status Protocol**
Respiratory distress **– refer to Respiratory Distress**
Seizure **– refer to Seizure Protocol**
Cardiac dysrhythmia – refer to appropriate dysrhythmia protocol

Organophosphate exposure (Malathion, Parathion)

- Administer Mark I Kit/Duo Dote auto injector per **CBRNE Nerve Agent/Organophosphate Pesticide Exposure Treatment Protocol**
- Mild or moderate symptoms
  - 1 Mark 1 Kit/Duo Dote auto injector
- Severe signs & symptoms
  - 3 Mark I Kits/Duo Dote auto injectors
  - If 3 Mark I Kit/Duo Dote auto injectors used, administer 1st dose benzodiazepine, if available
- If Mark I Kit/Duo Dote auto injector unavailable, administer Atropine 2 mg IV/IM, if available, per Mark I Kit/Duo Dote auto injector indicated, (each Mark I Kit contains 2 mg of Atropine) repeated every 5 min. until SLUDGEM symptoms improve or as directed. (Salivation, Lacrimation, Urination, Defecation, Gastrointestinal hypermotility, Emsis, Muscle twitching or spasm)

Bites and Stings

Spiders, snakes & scorpions

- Protect rescuers
- Bring in if captured & contained or dead for accurate I.D.
- Ice for comfort – spiders & scorpions **ONLY**

Bees & wasps

- Remove sting mechanism (honeybees only) – scrape out
- Do not squeeze venom sac if remains on stinger
- Provide wound care
- Observe patient for systematic allergic reaction
- Treat Anaphylaxis – per to **Pediatric Anaphylaxis/Allergic Reaction Protocol**

Drug, chemical, plant, mushroom ingestion

- Use protective eye equipment
- For potential ingestion or inhalation of petroleum distillates: DO NOT induce vomiting
- Monitor respiratory & mental status very closely
- If patient is alert & oriented: prepare for emesis, recover & save emesis
- Use appropriate barriers according to universal precautions guidelines
- If suspected narcotic overdose with respiratory compromise or hemodynamic instability, administer Naloxone 2 mg IV slowly, titrating to improve respiratory status or IM, repeat as needed.

Contact Medical Control

If Beta Blocker overdose is suspected AND patient is bradycardic & hypotensive; per MCA selection, administer Glucagon 1 mg IV/IM/IO. May be repeated after contact with MCA & Glucagon is available

Glucagon
☐ Included
☐ Not Included

Symptomatic tricyclic antidepressant ingestion (tachycardia, wide complex, QRS), administer sodium bicarbonate 50 mEq IV, repeat as needed.

Extrapyramidal dystonic reactions, administer diphenhydramine 50 mg IV.

Symptomatic calcium channel blocker overdose, per MCA selection administer Glucagon 1 mg IV/IM/IO. Consider calcium chloride 1 gm IV.