Poisoning/Overdose

MANAGEMENT OF TOXIC EXPOSURE (INCLUDING INGESTION)

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

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

EMT/SPECIALIST/PARAMEDIC

d. Alert receiving hospital if patient may present HAZMAT risk.

e. 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.

Inhalation Exposures:

MFR/EMT/SPECIALIST/PARAMEDIC

a. Dilute noxious gas inhaled (including carbon monoxide & smoke), ensure high concentration of oxygen is provided.

b. If suspected cyanide gas exposure, refer to CBRNE Protocols and contact medical control immediately.

Eye contamination:

a. Irrigate continuously with Normal Saline or tap water for 15 minutes (attempt to continue enroute) or as directed by Medical Control.

b. For alkali exposure, maintain continuous irrigation.

PARAMEDIC

c. If available, administer Tetracaine, 1-2 drops per eye. Ensure patient does not rub eye.

Skin absorption:

MFR/EMT/SPECIALIST/PARAMEDIC

a. Irrigate continuously with Normal Saline, or tap water for 15 minutes or as directed by Medical Control.

Ingestion:

a. If altered mental status, refer to Altered Mental Status Protocol.

PARAMEDIC

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

MFR/EMT/SPECIALIST/PARAMEDIC

c. If respiratory distress, refer to Respiratory Distress Protocol.

d. If the patient is seizing, refer to Seizure Protocol.

Drug, Chemical, Plant, Mushroom Ingestion:

a. Use protective eye equipment.

b. In situations of potential ingestion or inhalation of petroleum distillates, do NOT induce vomiting. Monitor the patient's respiratory and mental status very closely.

c. If patient is alert and oriented, prepare for emesis; recover and save emesis. Use appropriate barriers according to universal precautions guidelines.

PARAMEDIC
d. For symptomatic tricyclic antidepressant ingestions (tachycardia, wide complex QRS),
e. Consider administration of sodium bicarbonate 50 mEq IVP
f. For extrapyramidal dystonic reactions, consider administration of diphenhydramine 50 mg IV.
g. For symptomatic calcium channel blocker overdose, consider calcium chloride 500 mg IVP.
h. For respiratory compromise or hemodynamic instability with narcotic overdose, consider naloxone 2 mg IVP

Organophosphate Exposure (Malathion, Parathion)
MFR/EMT/SPECIALIST/PARAMEDIC
  a. Antidote administration per Mark I Kit Dosing Directive
  b. Mild signs & symptoms – 1 Mark I Kit
  c. Moderate signs & symptoms – 2 Mark I Kits
  d. Severe signs & symptoms – 3 Mark I Kits, (if 3 Mark I Kits are used administer 1st dose if available benzodiazepine).
e. If Mark I Kit is not available, administer Atropine 2-6 mg (if available) IV/IM per Mark I Kit Dosing Directive (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
MFR/EMT/SPECIALIST/PARAMEDIC

Spiders, Snakes and Scorpions:
  a. Protect rescuers. Bring in spider, snake or scorpion if captured and contained or if dead for accurate identification.
  b. Ice for comfort on spider or scorpion bite; DO NOT apply ice to snake bites.

Bees and Wasps:
  a. Remove sting mechanism from honey bees only by scraping out. Do not squeeze venom sac if this remains on stinger.
  b. Provide wound care.
  c. Observe patient for signs of systemic allergic reaction. Treat anaphylaxis per Allergic Reaction/Anaphylaxis Protocol.

Post-Medical Control
PARAMEDIC
  1. Consider pain management
  2. Other specific poisonings may be managed per specific medical control protocol.

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<th>Toxic Cases</th>
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<td>Organophosphates</td>
<td>Atropine, 2-PAM per CBRNE Protocol</td>
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<td>O2</td>
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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
- Bring in sample if does not pose risk

**Eye contamination**
- Dilute noxious gas inhaled including carbon dioxide & smoke
- Ensure high concentration of oxygen is provided
- For suspected cyanide gas exposure – refer to CBRN Protocols

**Skin absorption**
- Irrigate continuously with Normal Saline or tap water 15 min or as directed by Med Control
- Alkali exposure, maintain continuous irrigation
- If available, administer Tetracline 1-2 drops per eye, ensure patient does not rub eyes.

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

**Inhalation exposures**
- Irrigate continuously with Normal Saline or tap water 15 min or as directed by Med Control

**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

**Contact Medical Control**
- Consider pain management
- Specific poisonings managed per specific medical control protocols (see below)

**Drug, chemical, plant, mushroom ingestion**
- Use protective eye equipment
- For potential ingestion of petroleum distillates: DO NOT induce vomiting
- Monitor respiratory & mental status closely
- If patient is alert & oriented: prepare for emesis, recover & save emesis
- Use appropriate barriers according to universal precaution guidelines

**Symptomatic tricyclic antidepressant ingestion** (tachycardia, wide complex, QRS) consider administering sodium bicarbonate 50 mEq IVP

**Extrapyramidal dystonic reactions** – consider administering diphenhydramine 50 mg IV

**Symptomatic calcium channel blocker overdose** – consider calcium chloride 500 mg IVP

**Respiratory compromise or hemodynamic instability with narcotic overdose** – consider naloxone 2 mg IVP

**Organophosphate exposure (Malathion, Parathion)**
- Antidote administer per Mark I Kit Dosing Directive
- Mild signs & symptoms – 1 Mark I Kit
- Moderate signs & symptoms – 2 Mark I Kits
- Severe signs & symptoms – 3 Mark I Kits If 3 kits used administer 1st dose if available benzodiazepine
- Mark I Kit unavailable, Atropine 2-6 mg, if available, IV/IM per Mark I Kit Dosing Directive, every 5 min. until SLUDGEM symptoms improve or as directed.
  (Salivation, Lacrimation, Urination, Defecation, Gastrointestinal, Emesis, Muscle twitching)

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**Michigan**
**Adult Treatment Protocols**
**POISONING/OVERDOSE**

**Date:** September 1, 2009

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