



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. M1
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: **OVERDOSE AND/OR POISON INGESTION**

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.
- C. Obtain history while waiting for ALS.

II. ALS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Treat according to ingestion. (See Section III)
- C. Follow ALOC guidelines as needed.
- D. Transport.
- E. Contact Base Station.

III. Specific Poisoning Guidelines:

- A. Organophosphate:
 1. Atropine 2mg IVP/ IO q 5 min as needed.
 2. For seizures refer to N2.
- B. Cyclic Anti-depressants:
 1. Sodium Bicarbonate 1mEq/kg IVP/ IO for widening QRS, hypotension, seizure, tachycardia, or heart block.
- C. Dystonic Reactions (EPS):
 1. Benadryl 1mg/kg IM/ IVP/ IO up to 50mg.
- D. Beta Blocker
 1. Atropine 1mg IVP/ IO. If no response repeat once.
 2. If no response to Atropine, administer Glucagon 1 unit (1mg) IVP/ IM/ IO. If no response repeat once in 5 min.
- E. Calcium Channel Blocker
 1. If symptomatic hypotension or sinus arrest, administer IV fluids as needed.
 2. If no response to fluid bolus, administer Glucagon 1 unit (1mg) IVP/ IM/ IO. If no response repeat once in 5 min.

Notes:

- 1.) Rescuer safety is paramount; protect self from hazards and decontaminate patient prior to transport if needed.
- 2.) Symptoms of organophosphate exposure are recalled with the SLUDGE mnemonic: **S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astrointestinal cramping, **E**mesis.
- 3.) History questions to ask include, What was ingested? How much was ingested? When? With what other substances? Other medical problems?
- 4.) Be prepared to manage airway after Glucagon IV due to possible emesis.