SPECIFIC THERAPY: INGESTIONS & OVERDOSES

Tricyclic Antidepressants and Related Compounds

- BLS & ALS Basic Therapy (pg 1)

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- IV Access - NS @ TKO

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Sodium Bicarbonate
1mEq/kg IVP
if any of the following:
- SBP < 90
- QRS > 0.12 sec (3 sm boxes)
- Seizures

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Contact Base Hospital

Beta Blockers

- BLS & ALS Basic Therapy (pg 1)

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- IV Access - NS. 500cc fluid challenge if SBP < 90

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Atropine 1 mg IVP if HR < 50 & SBP <90 after fluid challenge. May repeatq 5 minutes to 3 mg max dose

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Glucagon 2 mg (units) IV
if HR < 50 or
SBP < 90 systolic

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Epinephrine 1:10,000 0.1 mg slow IVP
if SBP < 70
Repeat until SBP > 90

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Contact Base Hospital

Calcium Channel Blockers

- BLS & ALS Basic Therapy (pg 1)

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- IV Access - NS. 500cc fluid challenge if SBP < 90

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Atropine 1 mg IVP if HR < 50 and SBP < 90.
May repeatq 5 minutes to 3 mg max dose

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Calcium Chloride 10% 10cc SLOW IVP
(1cc/minute) only if SBP < 90
May repeatq 5 minutes - 4 total doses

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Glucagon 2mg (units) IV
if HR <50 or SBP <90

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Epinephrine 1:10,000 0.1mg slow IVP
if SBP < 70
Repeat until SBP > 90

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Contact Base Hospital

Narcotics

- BLS & ALS Basic Therapy (pg 1)

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- Consider intubation if GCS < 9
- IV Access - NS @ TKO

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Nalaxone up to 2 mg slow IVP
Titrate to respiratory response.
May give 2 mg IM if no IV and/or SBP > 60

Do not give Naloxone if pt is intubated

Use only for respiratory depression (not sleepiness), if RR < 12 or respiratory efforts are inadequate

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Contact Base Hospital