

Sierra – Sacramento Valley EMS Agency Treatment Protocol

Ingestions And Overdoses



Effective: 12/01/2016

Next Review: 07/2019

M-5

Approval: Troy M. Falck, MD – Medical Director

SIGNATURE ON FILE

Approval: Victoria Pinette – Executive Director

SIGNATURE ON FILE

Poison Control Contact Information: 1-800-876-4766 or 1-800-222-1222

BLS

- O₂ at appropriate flow rate, manage airway and assist ventilations as necessary
- Assess V/S including SpO₂
- Identify substance and time of ingestion: bring sample in original container if safe/possible

ALS

- Cardiac monitor
- Check blood glucose
- Establish vascular access at appropriate time (may bolus up to 1000 ml NS)

Blood glucose
≤ 60 mg/dl?

YES

NO

Hx & clinical
picture fits
hypoglycemia?

YES

NO

Dextrose 50%

- 50 ml (25gm) IV/IO

If no IV/IO or delay anticipated:

Glucagon

- 1 mg (1 unit) IM/IN

Note: If suspected insulin or oral diabetic agent OD, consider need for additional dextrose or glucagon

- Treat according to specific therapy listed on page 2

BASE/MODIFIED BASE PHYSICIAN ORDER ONLY

Activated Charcoal

- 50gm PO
- Only give if patient is awake

Contraindications

- Acids/alkaloids
- Foreign body ingestions
- Corrosives
- Prior administration of ipecac



Specific Therapy: Ingestions and Overdoses

Narcotics

Naloxone

- 1 – 2 mg slow IV/IO
- May give IM/IN if no IV/IO or SBP >90
- May repeat dose every 2 – 3 minutes x 2 (3 total) if improvement inadequate
- Use only if RR <12 or resp. efforts are inadequate
- Do not administer if advanced airway in place & pt is being adequately ventilated

Tricyclic Antidepressants

Sodium Bicarbonate 1mEq/kg IV/IO

If any of the following are present:

- SBP < 90
- QRS > 0.12 seconds (3 small boxes)
- Seizures

Beta Blockers

- Up to 1000 ml NS bolus if SBP < 90

Atropine 1 mg IV/IO

- Only if HR < 50 and SBP < 90 after NS bolus
- May repeat every 5 minutes (3 mg max total)

Glucagon 1 mg (1 unit) IV/IO

- Only if HR < 50 and SBP < 90 systolic
- If no IV/IO or delay anticipated, may administer 1 mg IM/IN

Epinephrine 1:10,000 0.1 mg slow IV/IO

- Only if SBP < 70
- May repeat every 3 minutes until SBP > 90

Organophosphate Or Carbamate

Atropine 2 mg IV/IO

- Only if HR < 60
- May repeat every 3 minutes – no max dose

If exposed externally:
Reference Haz
Mat Protocol
E-7

Calcium Channel Blockers

- Up to 1000 ml NS bolus if SBP < 90

Calcium Chloride 10% 10ml slow IV/IO

- Only if SBP < 90
- Administer no faster than 1ml/minute
- May repeat every 5 minutes (maximum: 4 total doses)

Hydrofluoric Acid

- Oral ingestions require immediate treatment as hydrofluoric acid (HF) can cause fatal hypocalcemia
- Early signs of hypocalcemia include:
 - Tingling sensation around mouth, lips, hands or feet
 - Hand or foot spasms
 - QT interval prolongation

Calcium Chloride 10% 10ml slow IV/IO

- Only if signs of hypocalcemia
- Administer no faster than 1ml/minute

If exposed externally:
Reference Haz
Mat Protocol
E-7