Sierra – Sacramento Valley EMS Agency Treatment Protocol	M-5 (LALS)
Ingestions & Overdoses	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2025
Approval: John Poland – Executive Director	Next Review: 07/2028

- When possible, contact Poison Control for consultation: (800) 876-4766 or (800) 222-1222.
- Refer to Hazardous Material Exposure Protocol (E-7 - LALS) if pt externally exposed to organophosphate, carbamate or hydrofluoric acid.
- Oral ingestions of hydrofluoric acid require immediate treatment as it can cause fatal hypocalcemia – early signs of hypocalcemia include:
  - Tingling sensation around mouth, lips, hands or feet - Hand or foot spasms - QT interval prolongation
- Activated charcoal is an agent used for gastric decontamination following ingestion overdose. Clinical research only supports its use when given early after ingestion. While activated charcoal may be helpful when given rapidly after an overdose, it is very important to avoid administration in cases where potential contraindications exist.

Activated Charcoal Indications

- Early administration (within 1 hr of ingestion)
- Potentially deadly agent
- No effective antidote
- Suggested agents where EMS administration of activated charcoal is appropriate:
  - Antidepressants - Anticonvulsants - Digoxin
  - Calcium channel blockers - Beta blockers

Activated Charcoal Contraindications

- Obtunded/altered level of consciousness
- Known caustic ingestion (acid or alkali)
- Known hydrocarbon ingestion
- Suspected GI obstruction (vomiting)
- Agents not well absorbed by activated charcoal (relative contraindication), examples include:
  - Lithium - Iron - Toxic alcohol

BLS

- O_2 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
- Check blood glucose (BG) if able

Blood glucose ≤60 mg/dl or presentation fits hypoglycemia?

YES → Refer to General Medical Treatment Protocol (M-6 - LALS)

NO

ALS

- Cardiac monitor **(AEMT II)**
- Establish vascular access at appropriate time (may bolus up to 1000 mL NS)

Consider activated charcoal – (BASE/MODIFIED BASE HOSPITAL PHYSICIAN ORDER ONLY)

- 50 gm PO routine dose

SEE PAGE 2 FOR AGENT SPECIFIC TREATMENT

AGENT SPECIFIC TREATMENT

Beta Blockers

May admin. up to 1000 mL NS bolus if SBP <90

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Atropine 1 mg IV (AEMT II)
- Only if HR <50 and SBP <90 after NS bolus
- May repeat every 5 mins (max total: 3 mg)

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Glucagon 1 mg (1 unit) IM/IN
- Only if HR <50 and SBP <90
- If no IV/IO, may admin. 1 mg IM/IN

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Push-Dose Epinephrine (AEMT II)
- Only if HR <50 and SBP <90
- Eject 1 mL NS from a 10 mL pre-load syringe
- Draw up 1 mL epinephrine 1:10,000 concentration and gently mix
- Admin. 1 mL IV push every 1 - 5 mins
- Titrate to maintain SBP >90

Narcotics

Naloxone
- Only if RR <12 or respiratory efforts inadequate
- Provide BVM ventilation at appropriate rate
- 1-2 mg IV/IM/IN
- May repeat every 2 - 3 mins if improvement inadequate
- Do not admin. if advanced airway in place & pt is being adequately ventilated

Organophosphate or Carbamate

Atropine 2 mg IV (AEMT II)
- Only if HR <60
- May repeat every 3 mins – no max dose

Tricyclic Antidepressants

Sodium Bicarbonate 1 mEq/kg IV (AEMT II) - if any of the following are present:
- SBP <90
- QRS >0.12 seconds (3 small boxes)
- Seizures