CLUMINO VALLED TO SERVICE OF THE SER

Sierra – Sacramento Valley EMS Agency Treatment Protocol

Ingestions & Overdoses

M-5

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) 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

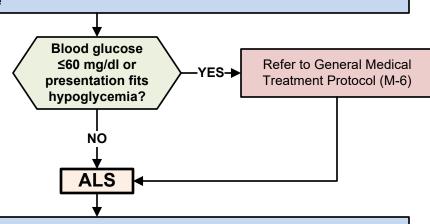
- Early administration (within 1 hr of ingestion)
- Potentially deadly agent
- No effective antidote
- Suggested agents where EMS administration of activated charcoal is appropriate:
 - Antidepressants Anticonvulsants Digoxin
 - Calcium channel blockers Beta blockers

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



- 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
- Check blood glucose (BG) if able



- Cardiac monitor
- 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



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AGENT SPECIFIC TREATMENT Beta Blockers Calcium Channel Blockers May admin. up to 1000 mL NS bolus if SBP <90 May admin. up to 1000 mL NS bolus if SBP <90 Atropine 1 mg IV/IO Calcium Chloride 10% 10 mL slow IV/IO • Only if HR <50 and SBP <90 after NS bolus • Only if SBP <90 • May repeat every 5 mins (max total: 3 mg) • Admin. no faster than 1 mL/min • May repeat every 5 mins (maximum: 4 total doses) Glucagon 1 mg (1 unit) IV/IO • Only if HR <50 and SBP <90 • If no IV/IO, may admin. 1 mg IM/IN **Push-Dose Epinephrine** • 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/IO push every 1 - 5 mins • Titrate to maintain SBP >90 **Hydrofluoric Acid Narcotics** Calcium Chloride 10% 10 mL slow IV/IO **Naloxone** • Only if signs of hypocalcemia • Only if RR <12 or respiratory efforts inadequate Admin. no faster than 1 mL/min • Provide BVM ventilation at appropriate rate • 1-2 mg IV/IO/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 **Tricyclic Antidepressants** Atropine 2 mg IV/IO Sodium Bicarbonate 1 mEq/kg IV/IO - if any of the following are present: • Only if HR <60 • SBP <90 May repeat every 3 mins – no max dose QRS >0.12 seconds (3 small boxes) Seizures