



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
SUBSTANCE ABUSE / OVERDOSE (ADULT/ADOLESCENT)

#: BH-M-50
Page: 1 of 2
Org. Date: 12/2006
Date: 04/01/17

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. May continue Normal Saline boluses beyond 1 liter if no evidence CHF and partial response to first liter of infusions.
3. May repeat Versed for seizures, not for agitation.
4. For systolic blood pressure less than 90 in the non-traumatic hypovolemic patient:
 - ▶ If NO signs of congestive heart failure (lungs clear to auscultation), administer 250 mL Normal Saline bolus, repeat up to three times.

If no response to initial 1000 mL Normal Saline or signs of congestive heart failure (pulmonary rales):

- ▶ If available, push dose Epinephrine (per Procedure #230)

Mixing instructions:

- Take Epinephrine 1 mg of 0.1 mg/mL preparation (cardiac Epinephrine) and expel 9 mL of epinephrine.
- Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
- Mixture now provides 10 mL of Epinephrine at a 10 mcg/mL concentration.

Push Dose:

- Epinephrine 0.5 mL (5 mcg) IV/IO, every 3 minutes titrate to a SBP > 90.

ALS STANDING ORDER

1. Assist ventilation with BVM and suction airway as needed.
2. Pulse oximetry, if room air oxygen saturation less than 95%, administer:
 - ▶ High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.
3. Blood glucose analysis, if blood glucose less than 80, administer one of:
 - ▶ Oral glucose preparation, if tolerated and airway reflexes are intact.
 - ▶ 10% Dextrose 250 mL IV
 - ▶ Glucagon 1 mg IM if unable to establish IV.

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 80, unable to establish IV and no response to IM glucagon.
4. For blood pressure less than 90 systolic and lungs clear to auscultation:
 - ▶ Establish IV access
 - ▶ Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion
5. ALS escort to nearest ERC or contact Base Hospital as needed.

In addition to the general standing orders above, the following apply:

Suspected Narcotic Overdose:

- If respiratory depression (respiratory rate less than or equal to 12 minute), give:
 - ▶ Naloxone (Narcan™):
 - 0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; OR
 - 0.4 to 1 mg IV, every 3 minutes as needed; OR
 - 4 mg/0.1 mL preloaded nasal spray IN

Suspected Carbon Monoxide or Cyanide Poisoning:

- ▶ High flow oxygen by mask
- ▶ Cardiac monitor and document rhythm.
- For wheezes or bronchospasm:
 - ▶ Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.
 - ▶ CPAP if available as tolerated and if not contraindicated (reference PR-120).
- For on-going or recurrent seizure activity:
 - ▶ Midazolam 5 mg IV/IM/IN, may repeat once

Approved:

Revised:

Final Date for Implementation: Apr 01, 2017
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BASE GUIDELINES

ALS STANDING ORDER

Suspected Stimulant Intoxication:

- If agitated and a danger to self or others, sedate with:
 - ▶ *Midazolam 5 mg IV/IM/IN once.*
- If on-going or recurrent seizure activity:
 - ▶ *Midazolam 5 mg IV/IM/IN, may repeat once.*
- Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:
 - If sudden hypoventilation, oxygen desaturation (per pulse oximetry), or apnea:
 - ▶ *Assist ventilation with BVM (intubate as time permits),*
- Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.
- If signs of dehydration or poor perfusion and lungs clear to auscultation (no evidence CHF):
 - ▶ *Establish IV access and give 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*
- If continuous nausea or vomiting, administer:
 - ▶ *Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) to dissolve orally on inside of cheek; OR,*
 - ▶ *4 mg IV, may repeat 4mg IV after approximately 3 minutes for continued nausea or vomiting.*

Suspected Organophosphate Poisoning (including Chemical Agents):

- ▶ *Atropine 2 mg IV, repeat once as needed, alternate route 2 mg IM, repeat once as needed. (For DuoDote® Kit instructions and dosing during health emergencies or disaster refer to Guideline B-35).*
- For wheezes or bronchospasm:
 - ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*
 - ▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*
- For on-going or recurrent seizure activity:
 - ▶ *Midazolam 5 mg IV/IM/IN, may repeat once.*

Suspected Extrapyrimal Reaction

- ▶ *Diphenhydramine (Benadryl®) 50 mg IM or IV once.*

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