



SUBSTANCE OVERDOSE / POISONING - ADULT/ADOLESCENT

ALS STANDING ORDERS:

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 there is 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 to specific situations:

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:

Reviewed 11/16:
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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 Extrapryramidal Reaction

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

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