



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. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

Adult/Adolescent:

- ▶ *Oral glucose preparation, if airway reflexes are intact.*
- ▶ *10% Dextrose 250 mL (titrated for effect to improve consciousness).*
- ▶ *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 < 60, 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.*

Approved:

Reviewed: 11/16, 06/17
Final Date for Implementation: 10/01/2017
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▶ *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 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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