



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. M1-P
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: OVERDOSE AND/OR POISON INGESTION

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Transport.
- C. Contact Base Station.

III. SPECIFIC POISONING GUIDELINES:

- A. Organophosphates:
 - 1. Atropine 0.05 mg/kg (Never administer less than 0.1mg due to paradoxical bradycardia effect).
 - 2. For seizure refer to N2-P
- B. Ingestions:
 - 1. Do not induce vomiting
- C. Cyclic Anti-depressants:
 - 1. Sodium Bicarbonate 1mEq/kg IV/IO (only) for widening QRS, hypotension, seizure, tachycardia, or heart block
- D. Dystonic Reactions (EPS):
 - 1. Benadryl 1mg/kg IV/IM/IO (maximum dose 50mg.)
- E. Beta Blocker or Calcium Channel Blocker
 - 1. If symptomatic hypotension or sinus arrest, administer NS 20ml/kg bolus.
 - 2. If no response to fluid bolus, administer Glucagon:
 - * If child is under 1 year of age, Glucagon is not used. Contact Base Station*
 - If child < 20kg give 0.5 unit (= 0.5mg) IV/IM/IO.
 - If child > 20kg give 1unit (= 1 mg) IV/IM/IO

Notes:

- 1.) Rescuer safety is paramount; protect self from hazards and decontaminate patient prior to transport if needed.
- 2.) Symptoms of organophosphate exposure are recalled with the SLUDGE mnemonic: **S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astrointestinal cramping, **E**mesis.
- 3.) History questions to ask include, What was ingested? How much was ingested? When? With what other substances? Other medical problems?
- 4.) Be prepared to manage airway after Glucagon IV due to possible emesis.