

Drug Overdose / Poisonings

Protocol

Douglas County KS EMS System

November 2022

Referenced Procedures: None

Goals of patient care:

- Recognition of clinically significant overdoses
- Administration of antidote/treatment if applicable
- Prevention of further deterioration in patient condition (if possible)

Medications:

<u>ADULT medications:</u>	<u>PEDIATRIC medications:</u> Refer to HandTevy
<ul style="list-style-type: none">• <u>Naloxone:</u> 0.4 - 2.0 mg IV, IO IN, IM Titrate/repeat to effect• <u>Activated Charcoal:</u> 50 grams PO• <u>Sodium Bicarb:</u> 1.0-3.0 meq/kg IV/IO push• <u>Atropine:</u><ul style="list-style-type: none">○ <u>Brady:</u> 1mg IV/IO q 3-5 min. (Max of 3mg)○ <u>Organophosphate:</u> 1-3 mg IV/IO/IM repeat every 5 minutes depending on severity of poisoning• <u>Normal Saline:</u> 500mL, IV/IO for dehydration, hemodynamic instability• <u>Calcium Chloride:</u> 1 Gram IV/IO push	<ul style="list-style-type: none">• <u>Naloxone:</u> 0.1 mg/kg IV, IO, IN, IM Titrate/repeat to effect• <u>Activated charcoal:</u> 1gm/kg PO (Max of 50 grams)• <u>Sodium Bicarb:</u> 1.0-3.0 meq/kg IV/IO push• <u>Atropine:</u><ul style="list-style-type: none">○ <u>Brady:</u> 0.02mg/kg IV/IO repeat only once if needed in 5min. (Max of 1mg)○ <u>Organophosphate:</u> 0.05 mg/kg IV/IO/IM repeat every 5 minutes depending on severity of poisoning• <u>Normal saline:</u> 20ml/kg, IV/IO for dehydration, hemodynamic instability• <u>Calcium Chloride:</u> 20mg/kg IV/IO push

BACKGROUND

Drug overdoses can present with many symptoms ranging from mild to severe. Consider drug overdoses in the bradycardic, hypotensive, altered, weak, hypoglycemia, vomiting, etc.

Many drug overdoses are treated with supportive care (IVF, symptomatic treatment, cardiopulmonary monitoring, and treatment of any ill-effects such as nausea) but some overdoses have specific antidotes. These antidotes are predicated upon what the patient ingested, so a good history or survey of the scene can be a key piece of information for the patient's well-being. Bring in any readily available pill bottles

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Procedures/Interventions

- Assess airway (initially may be ok, but you must have a high-index of suspicion for deterioration in large overdoses), administer oxygen and assist ventilation as required.
- Establish IV access in all overdose patients
- Check blood sugar
 - If C.B.G. <60 refer to Diabetic Emergency protocol for hypoglycemia
- Obtain 4/12 lead ECG and transmit to medical control
- Administer naloxone (Narcan) if narcotic overdose is suspected with depressed LOC and decreased respirations. Goal is sufficient respiration and adequate mentation.
- Administer activated charcoal for any type of pill overdose if patient is alert, conscious AND if overdose was within an hour of EMS arrival.
- Administer sodium bicarbonate for possible tricyclic antidepressant overdose if QRS > 120msec (consider if QRS > 105msec).
- Administer atropine for cholinergic poisoning (such as insecticides or other organophosphates), see SLUDGE mnemonic below to suggest patients w/ symptoms of concern.

S - Salivation

L - Lacrimation

U - Urinary frequency

D - Diaphoresis/diarrhea

G - Gastrointestinal cramping and pain

E - Emesis

- Consider CO Poisoning - Use RAD 57 or X-Series Monitor to rule out
- Consider beta-blocker and calcium channel blockers in all bradycardic or profoundly hypotensive patients
 - Beta-blocker and calcium channel blocker overdoses may not respond to atropine. Consider transcutaneous pacing, but it may/may not be helpful.
 - Administer 500mL NS bolus
 - Administer atropine for symptomatic bradycardia
 - Consider administration of calcium chloride

☎ Contact medical control with concerns regarding other overdoses

Considerations

Considerations for crews on scene prior to ambulance arrival

- Have law enforcement officers secure scene
- Treat respiratory depression as needed.
- Obtain full vital signs
- Gather medications around scene
- Gather history of pt.