



# San Benito County Emergency Medical Services Agency

## OVERDOSE AND/OR POISON INGESTION

Policy : M1-P  
Effective : May 1, 2010  
Reviewed : May 1, 2010

### **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:

- Atropine 0.05 mg/kg (Never administer less than 0.1mg due to paradoxical bradycardia effect).
- For seizure refer to Policy N2-P

#### B. Ingestions:

- Do not induce vomiting

#### C. Cyclic Anti-depressants:

- Sodium Bicarbonate 1mEq/kg IV/IO (only) for widening QRS, hypotension, seizure, tachycardia, or heart block

#### D. Dystonic Reactions (EPS):

- Benadryl 1mg/kg IV/IM/IO (maximum dose 50mg.)

#### E. Beta Blocker or Calcium Channel Blocker

- If symptomatic hypotension or sinus arrest, administer NS 20ml/kg bolus.
- 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 Glucagon 0.5 unit (= 0.5mg) IV/IM/IO.
- If child > 20kg give Glucagon 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 SLUDGEM mnemonic: **S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astrointestinal cramping, **E**mesis, **M**iosis.
- 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.