



# San Benito County Emergency Medical Services Agency

## OVERDOSE AND/OR POISON INGESTION

Policy : M-1  
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.
- C. Obtain history while waiting for ALS.

### **II. ALS Treatment Protocol:**

- A. Treat life threats (See Policy 4000)
- B. Treat according to ingestion. (See Section III)
- C. Follow ALOC guidelines as needed.
- D. Transport.
- E. Contact Base Station.

### **III. Specific Poisoning Guidelines:**

- A. Organophosphate:
  - 1. Atropine 2mg IVP/ IO q 5 min as needed.
  - 2. For seizures refer to N-2.
- B. Cyclic Anti-depressants:
  - 1. Sodium Bicarbonate 1mEq/kg IVP/ IO for widening QRS, hypotension, seizure, tachycardia, or heart block.

C. Dystonic Reactions (EPS):

1. Benadryl 1mg/kg IM/ IVP/ IO up to 50mg.

D. Beta Blocker

1. Atropine 1mg IVP/ IO. If no response repeat once.
2. If no response to Atropine, administer Glucagon 1 unit (1mg) IVP/ IM/ IO. If no response repeat once in 5 min.

E. Calcium Channel Blocker

1. If symptomatic hypotension or sinus arrest, administer IV fluids as needed.
2. If no response to fluid bolus, administer Glucagon 1 unit (1mg) IVP/ IM/ IO. If no response repeat once in 5 min.

**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.