

# ORANGE COUNTY EMERGENCY MEDICAL SERVICES BASE HOSPITAL TREATMENT GUIDELINES

SUBSTANCE OVERDOSE/POISONING - ADULT/ADOLESCENT

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BH-M-50

### **BASE GUIDELINES**

- 1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
- 2. May continue Normal Saline boluses beyond 1 liter if no evidence CHF and partial response to first liter of infusions.
- 3. If hypotensive or signs of shock and no response with Normal Saline bolus infusions or signs of congestive heart failure (pulmonary rales):
  - ▶ Dopamine 400 mg/250 mL Normal Saline, titrate between 5 mcg/kg/min to 20 mcg/kg/min (see dosing reference sheet) to maintain systolic blood pressure above 90 systolic.

# ALS STANDING ORDER

- 1. Assist ventilation with BVM and suction airway as needed.
- 2. Pulse oximetry, if oxygen saturation less than 95%, administer:
  - ► High-flow oxygen by mask as tolerated.
- 3. Obtain blood glucose, if blood glucose less than 80, administer one of:
  - ► Oral glucose preparation, if airway reflexes are intact.
  - ▶ 50% Dextrose 50 mL IV, may repeat once if blood glucose remains less than 80.
  - ► Glucagon I mg IM if unable to establish IV. Note #1 Note # 1: IO access may be used for dextrose administration (50% Dextrose 50 mL IO) when patient is unconscious with blood glucose < 80, 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:
  - ▶ IV access and Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion.

# Proceed with appropriate management as listed below:

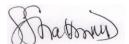
# **Suspected Narcotic Overdose**

- → If respiratory depression (respiratory rate less than or equal to 12 minute), give:
  - ► Naloxone (Narcan ®):
    - □ 0.8, 1 or 2 mg IN or IM, repeat every 3 minutes as needed to maintain respiratory rate.
    - □ 0.4-1 mg IV, every 3 minutes as needed to maintain respiration

## **Suspected Stimulant Intoxication:**

- →If agitated and a danger to self or others, sedate with:
  - ► Midazolam 5 mg IM, may repeat once.
- →For on-going or recurrent seizure activity:
  - ► Midazolam 5 mg IN/IM, 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.
  - ► Establish IV access and give 250 mL Normal Saline bolus; may repeat up to maximum 1 liter to maintain adequate perfusion.
- →Monitor for hyperthermia; initiate cooling measures if hyperthermia present.

Approved:





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### **BASE GUIDELINES**

### **ALS STANDING ORDER**

## **Suspected Extrapyramidal Reaction**

- ► Diphenhydramine (Benadryl®) 25 mg IM or IV.
- →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®) 8 mg (two 4 mg ODT tablets) to dissolve orally as tolerated.

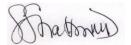
## **Suspected Organophosphate Poisoning (including Chemical Agents):**

- ► 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 6.0 mL (5 mg) concentration as tolerated.
  - ► CPAP if available as tolerated and if not contraindicated (reference PR-
- →For on-going or recurrent seizure activity:
  - ► Midazolam 5 mg IN/IM, may repeat once.

### **Suspected Carbon Monoxide or Cyanide Poisoning:**

- ► High flow oxygen by mask.
- ► Cardiac monitor and document rhythm.
- →For wheezes or bronchospasm:
  - ► Albuterol, Continuous nebulization of 6.0 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 IN/IM, may repeat once.

Approved:



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