**Overdose/ Toxic Ingestion**

**Prehospital Management of Acute Overdose or Toxic Ingestion**

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| **History**   * Ingestion or suspected ingestion of a potentially toxic substance * Substance ingested, route, quantity * Time of ingestion * Reason (suicidal, accidental, criminal) * Available medications in home * Past medical history * Medications/ Allergies | **Signs and Symptoms**   * Mental status changes * Affect change, hallucinations * Hypotension/ Hypertension * Decreased respiratory rate * Tachycardia/ Dysrhythmias * Seizures | **ASSESSMENT**   * Triclyclic antidepressants (TCAs) * Alcohol intoxication * Aspirin, acetaminophen (Tylenol) * Depressants/ Stimulants * Anticholinergics * Cardiac medications * Solvents, Alcohols, Cleaning fluid * Insecticides (organophosphates) |

**TREATMENT GUIDELINES**

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| **R-EMR** | **E-EMT** | **A-AEMT** | **P-PARAMEDIC** | **\*\*M-Medical Control \*\*** |

**\*\*\*Higher level of providers are responsible for lower level treatments\*\*\***

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| * Initial Patient Contact (2000). Scene Safety (1030). Glasgow Coma Scale (A2). * Airway Management (4000) and Oxygen Administration (9000) as needed. * Contact Poison Control Center (1 800 222-1222). | R |
| * Assist ALS with cardiac monitor and 12-lead EKG (9030) if indicated. * Consider oral charcoal, 25 gm po, if patient is alert after notifying Medical Control. * Transport to receiving facility, with ALS intercept, and Patient Restraint (1036) if required. | E |
| * Establish IV with NS, draw labs; **do not delay transport for IV access.**2 * For respiratory depression, consider Naloxone1,2,3 IM, IN (mucosal atomizer device). | A |
| * **ALS required for Overdose Patients.** * 12-lead EKG; transmit when possible to Medical Control. * Consider TCA ingestion. Administer Bicarbonate for tachycardia or QRS widening. * For respiratory depression, consider Naloxone1,2,3 IV, IM, SQ, or IN (mucosal atomizer). * For organophosphate ingestion, use Nerve Agent Antidote Kits if available. Consider atropine 0.5 to 2 mg IV, Pralidoxime 600 mg IV. * Consider Hypotension (5003), Seizures (7020) or Arrhythmia (5020-29) Guidelines. | P |
| * **\*\*** Call Medical Control for all severe Toxic Ingestions, and prior to administration of anything, including Oral Charcoal. Medical Control will contact Poison Control Center (1 800 222-1222) if not already called, and EMS must follow Poison Control recommendations unless ordered otherwise by Medical Control.\*\* | M |

1EMR, 2EMT and 3AEMT providers may perform these procedures if credentialed with the appropriate OM.

**Do not rely on patient history of ingestion, especially in suicide attempts. Make sure patient is not carrying other medications or weapons. Bring bottles, contents and emesis to ED.**

**TCAs: Seizures, arrhythmias, hypotension and ALOC or coma. Be aware of rapid progression to death.**

**Acetaminophen: Initially no symptoms or nausea/vomiting. Untreated, it causes irreversible liver failure.**

**Aspirin: Abdominal pain and vomiting, then tachypnea and ALOC. Renal, liver or cerebral injury may occur.**

**Depressants: decreased HR, BP, temperature, respirations, non-specific pupils.**

**Stimulants: Increased HR, BP, temperature, dilated pupils, seizures.**

**Anticholinergics: increased HR, temperature, dilated pupils, mental status changes.**

**Solvents: Nausea, vomiting, coughing, mental status changes.**

**Insecticides: Increased or decreased HR, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils.**

**Nerve Agent Antidote Kits: contain 2.1 mg of atropine and 600 mg Pralidoxime in autoinjector**