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SUBSTANCE OVERDOSE / POISONING - ADULT/ADOLESCENT

ALS STANDING ORDERS (GENERAL):

- 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:
 - ► Establish IV access
 - 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 respiratory rate.

Suspected Stimulant Intoxication:

- →If agitated and a danger to self or others, sedate with:
 - ► Midazolam 5 mg IM 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),
- →Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

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→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®): ODT 8 mg (two 4 mg tablets) to dissolve orally on inside of cheek;
 OR, 4 mg IV, may repeat 4mg IV after approximately 3 minutes for continued nausea or vomiting.

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-120).
- →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.

Suspected Extrapyramidal Reaction

- ▶ Diphenhydramine (Benadryl®) 25 mg IM or IV; may repeat 25 mg IM or IV in approximately 3 minutes if symptoms persist.
- 5. ALS escort to nearest ERC or contact Base Hospital as needed.

