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|  | <b>COUNTY OF SACRAMENTO</b><br>EMERGENCY MEDICAL SERVICES AGENCY    | Document #  | 8018.19  |
|   | <u>PROGRAM DOCUMENT:</u><br><b>Overdose and/or Poison Ingestion</b> | Draft Date: | 10/26/94 |
|   |   | Effective:  | 11/01/16 |
|   |   | Revised:    | 03/14/16 |
|   |   | Review:     | 05/01/18 |

\_\_\_\_\_  
 EMS Medical Director

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 EMS Administrator

**Purpose:**

To serve as treatment standard for Sacramento County Emergency Medical Technicians and Paramedics in treating overdose and/or poison ingestion patients.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

- A. Make every effort to identify the substance and time of ingestion.
- B. Bring a sample in the original container to the ED whenever possible.
- C. For suspected overdose with insulin or oral hypoglycemic agents or for suspected narcotic overdose with any opiate, ~~see~~ refer to the Decreased Sensorium Policy, PD# 8061.
- D. For suspected overdose of an Organophosphate or Carbamate pesticide, ~~see the~~ refer to Hazardous Materials Policy, PD# 8029.

**Interventions for all Patients**

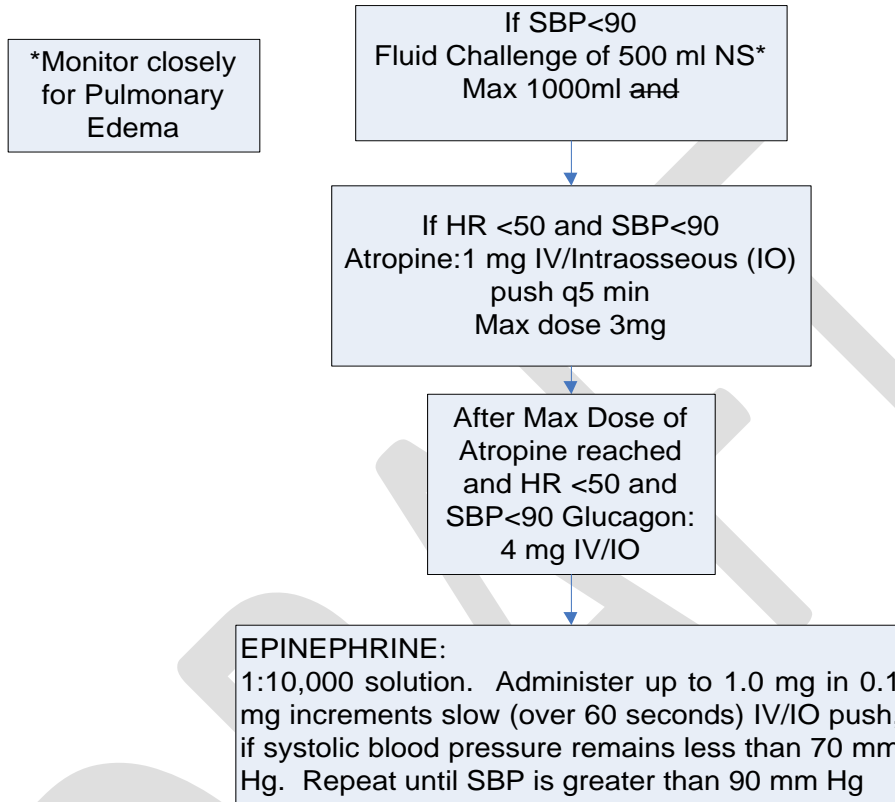
**BLS**

- Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
- Airway adjuncts as needed
- Transport

**ALS**

- Initiate Intravenous (IV) access with a saline lock.
- Cardiac Monitoring and SPO<sub>2</sub>.
- If non-responsive, cannot swallow, no gag reflex, or is unable to protect their airway refer to Decreased Sensorium protocol, (PD # 8061).
- Initiate transport as soon as possible

**Beta Blockers**



### Tricyclic and Related Compounds

\*Monitor closely  
for Pulmonary  
Edema

Fluid  
Challenge of  
1000 ml NS\*  
for  
SBP < 90

#### **SODIUM BICARBONATE:**

1 mEq/Kg IV push if any of the following signs of cardiac toxicity are present:

- A. Heart rate greater than 120 bpm.
- B. SBP less than 90 mm Hg.
- C. QRS complex greater than 0.12 seconds
- D. Seizures.
- E. Premature Ventricular Contractions (greater than 6 per minute). (>6/min)

### Calcium Channel Blocker

\*Monitor closely  
for Pulmonary  
Edema

Fluid  
Challenge of  
1000 ml NS\*  
for  
SBP < 90

If HR < 50 and SBP < 90  
Atropine: 1 mg IV/Intraosseous (IO)  
push q5 min  
Max dose 3mg

#### **EPINEPHRINE:**

1:10,000 solution. Administer up to 1.0 mg in 0.1 mg increments slow (over 60 seconds) IV/IO push, if systolic blood pressure remains less than 70 mm Hg. Repeat q5 min or until SBP is greater than > 90 mm Hg