

Treatment Protocols**Date: 07/01/2021****Poisoning/Intoxication/Envenomation - Adult****Policy #9160A****Adult BLS Standing Orders**

- Ensure EMS provider safety, consider HAZMAT activation. Recognize, Notify, Isolate
- Universal Patient Protocol
- Do not approach patient or location if scene safety is in question
- Obtain accurate history of incident:
 - Name of product or substance
 - Quantity ingested, and/or duration of exposure
 - Time elapsed since exposure
 - If safe and accessible, bring medications or bottles to hospital
- Move victim(s) to safe environment
- Externally decontaminate - PRN
- Continuously monitor blood pressure, pulse oximetry prn
- Give oxygen and provide airway support per **Airway Policy**
- Contact Poison Control Center as needed **1 (800) 222-1222**

Suspected Opioid Overdose with Respirations <12 RPM

- If possible, avoid the use of a supraglottic device prior to the administration of naloxone
- Naloxone 0.1 mg/kg, to a max of 2 mg IN. MR x3 q5min
- May assist family/friends on-scene with administration of patient's own naloxone

NOTE - Use with caution in opioid dependent pain management patients

- Assess vitals, with specific attention to respiratory rate and respiratory drive
- Note pupil exam
- Note drug paraphernalia or medication bottles near patient

Suspected Stimulant Overdose with Sudden Hypoventilation, Oxygen Desaturation, or Apnea

- High flow O2
- Ventilate PRN

Skin/Eye Contact (Isolated Incident)

- Remove contaminate clothing, brush off powder, rinse with water for at least 20 minutes
- Remove contacts, brush off powder, irrigate eyes with sterile for 20 minutes
- NOTE – Ensure product or substance does not react violently with water prior to beginning of irrigation

Envenomation**Snake Bite/Scorpion Sting**

- Keep involved extremity immobile, at or slightly below heart level
- Mark proximal extent of swelling
- Remove jewelry on the same limb, and/or around the neck if the trunk, neck or head bitten
- Keep patient calm, do not allow to walk
- Do not attempt to bring the animal in to the hospital

Bee Stings

- Remove stinger by flicking or scraping with a card

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- Apply cold compress to site

Insect Bites

- Apply cold compress to site

Toxic Inhalation (Suspected CO or Cyanide Exposure, Smoke, Gas, etc.)

- Give high flow oxygen via NRB mask at 15 LPM

Follow **Cyanide Toxicity Treatment Protocol****Hyperthermia Secondary to Stimulant**

- Initiate cooling measures per **Hyperthermia Protocol**
- Obtain baseline temperature

Adult LALS Standing Orders

- Establish IV prn

Hypotension

- Fluid bolus 500 mL IV, MR x1

Hyperthermia Secondary to Stimulant

- Fluid bolus 1,000 mL IV cool (if clear lungs.), MR x1

Toxic Inhalation (CO Exposure, Smoke, Gas, etc.)

- Albuterol 2.5 mg via neulizer (give 5 mg for severe distress.) MR or continuous administration prn

Ingested Poisons

- Activated Charcoal 1-2 g/kg PO to a max of 100g if within 60 minutes of ingestion or recommended by Poison Control Center
- Ensure patient has gag reflex and is cooperative

NOTE – Activated Charcoal is contraindicated with ingestion of any of the following:

- acids, alcohol, alkalines, petroleum distillates, caustic substances, iron or drugs that cause rapid onset of seizures (e.g. camphor, tricyclics)

Adult ALS Standing Orders

- Monitor EKG
- Establish IV/IO
- Capnography
- Obtain 12 Lead ECG prn
- ETT prn per **Airway Policy**

Hypotension

- Fluid bolus 500 mL IV, MR x1

Hyperthermia Secondary to Stimulant

- Fluid bolus 1,000 mL IV cool (if clear lungs.), MR x1

Suspected Opioid Overdose with Respirations < 12 RPM

- Naloxone 0.1 mg/kg, max of 4 mg IN/IM/IV, MR x3 q5min

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Stimulant Overdose**Severe Agitation**

- Midazolam - 0.2 mg/kg - IN to max dose 10 mg, MR x1 in 10 min, MR BH
Or
- Midazolam - 0.2 mg/kg IM to max dose 10 mg, MRt x 1 in 10 min, MR BH
Or
- Midazolam - 0.1 mg/kg IV to max dose 4 mg, MR x 1 in 10 min, MR BH

NOTE

- For severely agitated patient IM is preferred route to decrease risk of injury to patient and EMS personnel

NOTE

- As soon as able, monitor ECG/Capnography/O₂ saturation and obtain blood glucose

Extrapyramidal Reactions

- Diphenhydramine - 25-50 mg IV/IM prn symptom severity

Toxic Inhalation (CO or Cyanide Exposure, Smoke, Gas, etc.)

- Albuterol 2.5 mg via neulizer (give 5 mg for severe distress.) MR or continuous administration prn
- Consider administration of hydroxocobalamin, sodium nitrate or sodium thiosulfate. See **Cyanide Toxicity Policy**

- **Hypotension**

- Fluid bolus 1,000 ml IV/IO

Suspected Opioid Overdose with Respirations <12 RPM

- Naloxone 0.1 mg/kg max of 4mg IM/IV/IN/IO, MR x3 q5min
- If patient unconscious and breathing ineffectively after naloxone, consider intubation per **Airway Policy**

Organophosphate Poisoning**For respiratory secretions and/or distress:**

- Atropine 2 mg IV/IM, q3-5 minutes until airway improved (decreased secretions, easier to ventilate)

For seizures:

- Midazolam 0.2 mg/kg IM/IN to max 10 mg MR BH
Or
- Midazolam 0.1 mg/kg IV/IO to max dose 4 mg MR BH

Tricyclic Overdose (Altered LOC, Tachycardia, Prolonged QRS)

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- Sodium Bicarbonate – 1-2 mEq/kg (max 1 amp or 50 mEq) q3-5min until QRS narrows to < 100 ms and hypotension improves

Suspected beta blocker OD with cardiac effects (e.g., bradycardia with hypotension)

- Glucagon 1-3 mg IV **BH**, MR 5-10 min **BH**, for a total of 10 mg

Suspected calcium channel blocker OD (SBP <90 mmHg)

- CaCl₂ IV/IO 20 mg/kg **BH**, MR x1 in 10 min **BH**

Adult Base Hospital Orders**Organophosphate Poisoning**

- **BH** - Repeat Midazolam - 0.2 mg/kg IM to max dose 10 mg
Or
- **BH** –Repeat Midazolam - 0.1 mg/kg IV/IO to max dose 4 mg

Toxic Inhalation (Suspected Cyanide Toxicity)

- **BH** - Administer hydroxocobalamin (0.7 mg/kg up to 5 grams) IV piggyback over 15 minutes
Or

If hydroxocobalamin is not available, and there is no clinical suspicion for carbon monoxide poisoning, administer sodium nitrite AND sodium thiosulfate

- **BH** - Administer sodium nitrite (6 mg/kg up to 300 mg) IV over 5 minutes AND sodium thiosulfate (400 mg/kg up to 12.5 grams) IV piggyback over 10 minutes

Notes:

- **Use caution when considering midazolam use with ETOH intoxication or depressants. May result in apnea**
- Notify receiving facilities and EMS Agency of HazMat incidents requiring mass decontamination of victims prior to arrival in ED
- Request CHEMPAK resources through EMS Agency/MHOAC program for incidents involving multiple victims with organophosphate poisoning
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APPROVED:

Signature on File

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