

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: POISONING

POLICY NUMBER: 9230

BLS

Safety first, take precautions to prevent exposure

Isolate the area (if applicable)

Notify the appropriate agencies if HAZ/MAT

Move victim(s) to safe environment

Decontaminate (if applicable)

Ensure patent airway, give oxygen and/or ventilate prn.

Monitor O2 saturation prn.

Contact poison control center as needed 1-800-411-8080

SKIN CONTACT (isolated incident)

Remove contaminated clothing, brush off powder,
rinse with water for at least 20 min.

Irrigate eyes for 20 min.

NOTE: Ensure poison does not react violently with water.

ALS

Monitor ECG/Monitor O2 saturation prn.

SO Establish Saline Lock/IV prn.

INGESTED POISONS

SO Activated Charcoal 50 Gm PO (only if within 60 minutes of ingestion,
if recommended by Poison control Center, and if transport time > 30 minutes)

NOTE: Exceptions to activated charcoal administration: acids, alcohol, alkalies,
petroleum distillates, caustic substances, iron or drugs that cause rapid
onset of seizures (e.g., camphor, tricyclics).

NARCOTIC (depressed respirations 12/min or less, pinpoint pupils, evidence of drug use)

SO Naloxone 2 mg IM/IN (half dose each nostril) or 0.5 mg IVP; may repeat SO

SO If patient unconscious and breathing ineffectively after Naloxone, consider intubation

NOTE: Use with caution in opioid dependent pain management patients.

ORGANOPHOSPHATE POISONING

SO Atropine 2 mg IV/IM; may repeat every 3 - 5 minutes until symptoms relieved (fewer secretions,
easier to ventilate)

SO Midazolam 0.1 mg/kg slow IV (1mg/min) to a max 5mg (discontinue if seizure stops);
may repeat X1 in 10 minutes per BH

OR

SO Midazolam 0.2 mg/kg slow IM (2-3 mL increments) to a max 10 mg; may repeat
X1 in 10 minutes per BH

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SUBJECT: **POISONING (continued)**

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BLS	ALS
<p><u>ENVENOMATION</u> Ensure patent airway, give oxygen and/or ventilate prn.</p> <p>Snake bite Keep involved extremity immobile, at or slightly below heart level Mark proximal extent of swelling Remove jewelry prn. Keep patient calm, do not allow to walk</p> <p>Bee stings Remove bee stinger by flicking or scraping with edge of card Apply cold compress to site</p> <p>Hyperthermia secondary to stimulant initiate cooling measures</p> <p>Insect bites and Scorpion stings Apply cold compress to site</p>	<p><u>SMOKE, GAS, TOXIC SUBSTANCE INHALATION</u> SO Consider nebulized Albuterol 2.5 mg (give 5 mg for severe distress); may repeat/continuous administration PRN SO</p> <p><u>TRICYCLIC OVERDOSE (altered LOC, tachycardia, prolonged QRS)</u> SO Hyperventilation if intubated</p> <p><u>EXTRAPYRAMIDAL REACTIONS</u> SO Diphenhydramine 25-50 mg IV/IM</p> <p><u>STIMULANT OVERDOSE</u> <u>Sudden hypoventilation, oxygen desaturation or apnea:</u> SO High flow O2 SO Ventilate prn SO N.S. 500 mL fluid bolus IV, may repeat per BH</p> <p><u>For severe agitation:</u> SO Midazolam 0.2 mg/kg IM to max dose 10 mg; may repeat X1 in 10 min per SO OR SO Midazolam 0.2 mg/kg IN to max dose 5 mg; may repeat X1 in 10 min per SO OR SO Midazolam 0.1 mg/kg IV to max dose 5 mg; may repeat X1 in 10 min per SO</p> <p><u>NOTE: For severely agitated patient IN/IM Versed is preferred route to decrease risk of injury to patient and EMS personnel</u></p> <p><u>PEDIATRIC NOTE:</u> Refer to Pediatric Drug Guide</p>

APPROVAL:



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