Poison Control - 1-800-222-1222

Basic Treatment Guidelines:
1. Follow initial protocol for all patients.
2. Identify and estimate the amount of substance ingested, inhaled, absorbed, or injected.
3. Remove any clothing and flush affected areas with copious amount of water if appropriate.
4. Contact Medical Control as soon as possible with poisoning information so Poison Control may be contacted.
5. Bring all medications and ingested substances from home, when possible and safe.

Advanced Treatment Guidelines:

- **Tricyclic Antidepressant Overdose:**
  Ingestion of 10 mg/kg. or greater
  1. Administer SODIUM BICARBONATE 1 mEq/kg slow IV for ventricular arrhythmias or hypotension not responding to fluid challenge of 500-1000 ml NORMAL SALINE.
  2. Administer NS fluid bolus for hypotension.
  3. If persistent hypotension occurs, initiate a NOREPINEPHERINE infusion 0.05 mcg/kg/min titrate in increments of 0.05 mcg/kg/min every 2 minutes to a maximum of 0.3 mcg/kg/min. ECPs must obtain orders from medical control to administer doses greater than 0.3 mcg/kg/min.
  5. Consider MAGNESIUM SULFATE 2 grams IV over 10 minutes for ventricular arrhythmias, unless patient is hypotensive.
• Mix 2 grams of **Magnesium Sulfate** in 50 milliliters of **Normal Saline**. Using the infusion pump, administer medication over 10 minutes.

• **Narcotic Overdose:**
  In cases of suspected narcotic overdose with respiratory or hemodynamic compromise:

  1. At no time should intubation be avoided if apnea or complete respiratory arrest are present. See intubation procedure.
  2. Administer **Naloxone** 0.4-2 mg. IV, IM, or Intranasal, may repeat if necessary. When administered Intranasally, the initial dose given should be 2 mg (1mg/ml in each nare via the atomizer). Intranasal dosing should not be repeated. IO administration should be limited to patients who require IO access for other reasons, such as fluid resuscitation or other medications. When no IV access is available, IM or Intranasal administration is preferred.
  3. If the initial dose of **Naloxone** is unsuccessful, and there is a high suspicion for opiate overdose, then administer **Naloxone** 2-4 mg IV or IM every 2-4 minutes to a MAX of 12mg.
  4. Be prepared as patient may be agitated and combative after administration of **Naloxone**.

**Special Considerations:**

- It is important to find out patient’s weight, in combination with the estimated amount of the poisonous substance ingested.
- Because it is usually extremely difficult or impossible to know exactly how much the patient has taken, always treat for the worst.
- If hazardous environment is present, do not enter the scene without appropriate training and equipment.
- The most common Opiate OD encountered will be with prescription medications. The goal with administering **Naloxone** is to start with the lowest possible dose (except with Intranasal administration). In all cases **Naloxone** should be administered only when the patient is showing significant respiratory depression. **Naloxone** is not indicated in a patient who is rousable and able to protect their own airway.

**Decontaminate patient prior to transport**