



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
SUBSTANCE OVERDOSE / POISONING – ADULT/ADOLESCENT

#: BH-M-50
Page: 1 of 3
Original Date: 04/01/13
Revised: 04/25/19

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. May continue Normal Saline boluses beyond 1 liter if no evidence CHF and partial response to first liter of infusions.
3. If hypotensive or signs of shock and no response **with Two Liters of Normal Saline** bolus infusions or signs of congestive heart failure (pulmonary rales):
 - Consider push dose epinephrine:
Mixing instructions:
 - Take epinephrine 1 mg of 0.1 mg/mL preparation (cardiac epinephrine) prefilled syringe and waste 9 mL of epinephrine.
 - Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
 - Mixture now provides 10 mL of epinephrine at a 10 mcg/mL concentration.**Push Dose:**
 - 0.5 mL (5 mcg) IV/IO, every 3 minutes, titrate to a SBP > 90.Note: Avoid use with suspected stimulant intoxication as it may cause additive stimulant effect resulting in myocardial infarction, stroke, or excited delirium.

Suspected Cyanide Toxicity (OR Inhalation of Smoke Generated by Plastics, Hydrocarbons):

- High flow oxygen by mask
- Cardiac monitor and document rhythm
- **Hydroxocobalamin PR-130** (if available) 5 gm/200 mL solution IV/IO over 15 minutes
- Treat for wheezing as needed
- Treat for seizures as needed

ALS STANDING ORDER

1. Assist ventilation with BVM and suction airway as needed.
2. Pulse oximetry, if room air oxygen saturation less than 95% administer:
 - High-flow oxygen by mask or nasal cannula at 6 L/min flow rate as tolerated.
3. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.
 - Oral glucose preparation, if tolerated and airway reflexes are intact.
 - 10% Dextrose 250 mL IV
 - Glucagon 1.0 mg IM if unable to establish IV.

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose <60, 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.

Approved:

Carl Schultz, M.D.

Reviewed: 04/2013, 08/2017, 04/2019
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Suspected Stimulant Intoxication:

- If agitated and a danger to self or others, sedate with:
 - *Midazolam 5 mg IV/IM once.*
- If on-going or recurrent seizure activity:
 - *Midazolam 5 mg IV/IM/IN, 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.
- 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, and not suspected or known to be pregnant:
 - *Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) to dissolve orally on inside of cheek; OR,*
4 mg IV may repeat 4 mg 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 Duo Dote® kit instructions and dosing during health emergencies or disaster refer to Guideline B-35).*
- For wheezes or bronchospasm:
 - *Albuterol, Continuous nebulization of 6 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 IV/IM/IN, may repeat once*

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ALS STANDING ORDER

Suspected Cyanide Toxicity (OR Inhalation of Smoke Generated by Plastics, Hydrocarbons):

- High flow oxygen by mask
- Cardiac monitor and document rhythm
- Hydroxocobalamin PR-130 (if available) 5 gm/200 mL solution IV/IO over 15 minutes ****This is a Base Hospital Order Only****
- For wheezes or bronchospasm:
 - Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.
 - CPAP if available as tolerated and if not contraindicated (PR-120).
- For on-going or recurrent seizure activity:
 - Midazolam 5 mg IV/IM/IN, may repeat once.

Suspected Carbon Monoxide Toxicity

- High flow oxygen by mask
- Cardiac monitor and document rhythm.
- For wheezes or bronchospasm:
 - Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.
 - CPAP if available as tolerated and if not contraindicated (reference PR-120).
- For ongoing or recurrent seizure activity:
 - Midazolam 5 mg IV/IM/IN, may repeat once.

Suspected Extrapiramidal Reaction:

- Diphenhydramine (Benadryl ®) 50 mg IM or IV once.

5. ALS escort any of above patients to the nearest

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