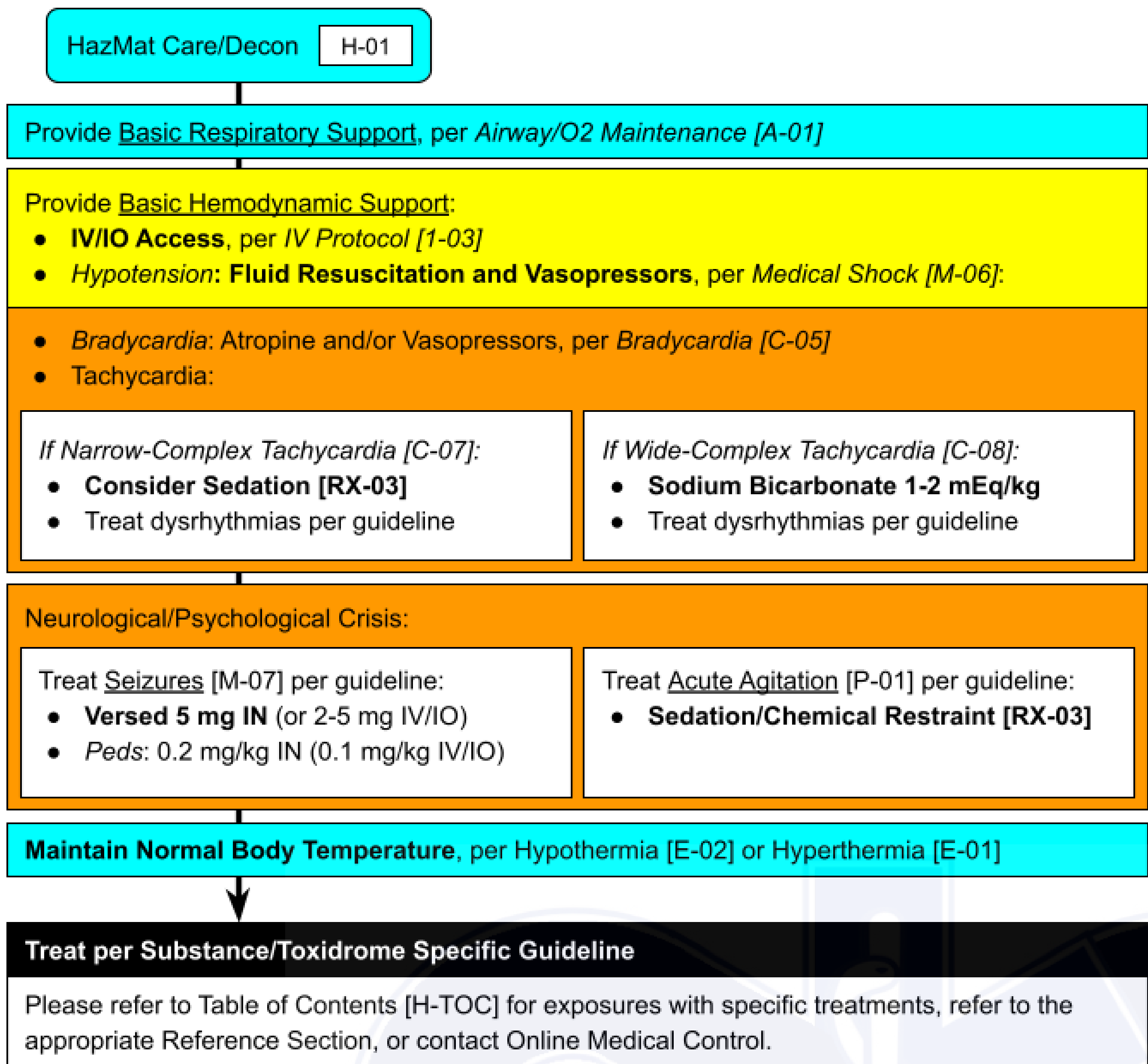
H-02 INITIAL TREATMENT OF ISOLATED OVERDOSE		First Responder EMT AEMT Paramedic

General Treatment Overview

NOTE: Poison Control may be contacted **[1-800-222-1222]** for **INFORMATION ONLY.** Treatment modalities must utilize these guidelines, or may be received through online Medical Control.



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TREATMENT PEARLS

- The multitude of substances that patients can ingest, inhale or otherwise expose themselves to is too numerous to be able to be covered in these guidelines.
- **Always bring containers or labels indicating substances with the patient to the ED if possible.** Pictures are adequate but the physician container is preferred.
- **Poison Control**
  - May be contacted at 1-800-222-1222
  - **Should never delay treatment or transport.**
  - **May not provide medical direction** and their use in the prehospital setting is limited.
  - They **can provide help identifying substances in unknown household goods,** but this is generally not needed until the patient has been stabilized and evaluated in the ED.
- **Online medical control must approve any treatments beyond the scope of these clinical guidelines.**

Airway/Breathing

- Primary Goal = Support Oxygenation (>90% SpO2)
- ETCO2 should be monitored on all altered overdose patients.
- If a patient has a decreased mental status with hypoventilation, respirations should be assisted.
- **In patients who may be acidotic (hypoxia, hypoperfusion, etc.), providers should ensure an elevated respiratory rate (16-20 bpm or greater) to ensure adequate exchange of CO2.**
- Endotracheal intubation/RSI, should be considered on any obtunded/unresponsive patient with any concern for airway protection or the need for assisted ventilations.

Circulatory

- Circulatory collapse should be anticipated on all patients with unknown ingestions/exposures and exposures to known cardioreactive substances.
- At minimum, all overdose patients should:
  - Have one (or more) quality peripheral IV/IO's placed
  - Receive a fluid bolus (unless severe pulmonary edema present)
  - Be placed on continuous ECG monitoring
  - Have a baseline 12-lead ECG should be obtained (if time allows)
- Bradycardia:
  - Some substances (e.g. organophosphates) can cause a profound and resistant bradycardia that may require very high doses of atropine or vasopressors.
  - Follow the Bradycardia guideline [C-05], and titrate (escalate) doses of atropine and vasopressors as needed.
- Narrow-complex tachycardia
  - Tachycardia may be caused by direct sympathetic stimulation or may be related to hallucinogenic/psychotropic effects of the substance.

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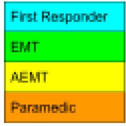

- Sinus tachycardia should be initially approached with fluid bolus and observing for improvement. Chemical Sedation [RX-03] should be considered on stimulant/psychotropic medications associated with increased agitation.
- Cardiac tachydysrhythmias (i.e. not sinus tachycardia) should be addressed as per Narrow-Complex Tachycardia [C-07].

- Wide-Complex Tachycardia
  - Many medications (e.g tricyclic antidepressants) and other substances (e.g. cocaine) can cause **sodium channel blockage**, leading to a **wide QRS.** Any patient with a QRS >100 ms should be administered 1-2 mEq of Sodium Bicarb. This may be repeated until QRS changes resolve.
  - Patients with a wide-complex tachycardia should otherwise be treated as per guideline [C-08], unless otherwise noted. This includes antiarrythmics (amiodarone/lidocaine & cardioversion).

Disability

- Seizures are fairly common with many overdoses and should be treated as per usual.
  - **Intranasal (IN) midazolam (Versed) is preferred in adults and children.**
  - Intramuscular (IM) administration is discouraged.
- Acute agitation should be addressed as per guideline [P-01], with verbal deescalation, physical restraint and chemical sedation [RX-03] utilized as needed.

Exposure

- Many medications affect the hypothalamus and the patient’s ability to thermoregulate, and many also increase heat production.
- Patients should be passively heated or cooled, as appropriate per Hyperthermia [E-01] or Hypothermia [E-02] guidelines.

GI Decontamination

- **Do NOT induce vomiting**
- Keep patient NPO
- If <1 hour post ingestion or with some extended-release medications, the emergency department may consider activated charcoal or whole bowel irrigation.

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QI Review Parameters:

1.

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