

OVERDOSE

EMR	<ul style="list-style-type: none"> ❑ Routine Medical Assessment and Interventions ❑ Obtain SpO₂, ETCO₂, and/or CO readings via non-invasive devices as indicated for the situation and when equipment is available. ❑ Oxygen as indicated, if SpO₂ is below 94% ❑ If etiology of condition involves potentially hazardous causes (e.g., CO and etc) the toxic exposure guideline should be used in conjunction with this guideline. ❑ If the patient is unconscious, place in the recovery position and follow the Altered Level of Consciousness Guideline. ❑ If airway is compromised with no gag reflex, consider use of an oropharyngeal airway 	EMR
EMT	<ul style="list-style-type: none"> ❑ May consider placement of KING airway if approved and trained ❑ If patient is unconscious, check blood glucose. If < 60 follow the Diabetic Emergencies Guideline. <p>ORAL INGESTIONS (UNLESS CAUSTIC/HYDROCARBONS):</p> <ul style="list-style-type: none"> ❑ If < 2 hours ago, alert and able to swallow then, may consider Activated Charcoal 50 g PO. Only after OLMC consultation or ordered by Poison Control. 	EMT
AEMT	<ul style="list-style-type: none"> ❑ Initiate vascular access as needed and indicated ❑ Consider Normal Saline TKO or if the patient is hypotensive or tachycardic consider administration of 250 to 500mL fluid bolus. <p>SUSPECTED NARCOTIC OD:</p> <ul style="list-style-type: none"> ❑ If pinpoint pupils and diminished respirations or apnea then, Narcan, 0.4mg IV/IO/IN/IM, repeat as needed, until respiratory drive returns. 	AEMT
EMT-I		EMT-I
PARAMEDIC	<p>TRICYCLIC OD:</p> <ul style="list-style-type: none"> ❑ If widening QRS (greater than 0.12 seconds) or BP<100, or HR>120 then, Sodium Bicarb 1.0 mEq/kg IVP. ❑ If hypotensive and unresponsive to fluid therapy, consider Dopamine 5-20 mcg/kg/min via IV infusion to maintain SBP of > 100 mmHg (where available). <p>CALCIUM CHANNEL BLOCKER:</p> <ul style="list-style-type: none"> ❑ If patient is unstable/grossly symptomatic an unresponsive to fluids then consider: <ul style="list-style-type: none"> ○ Calcium Gluconate 10% - 4.35mEq (10ml) IV/IO over 5 minutes (rapid infusion may cause hypotension) ○ Glucagon 3 mg IM or slow IV/IO. May repeat q five minutes to up to max of 15 mg. <p>BETA BLOCKERS:</p> <ul style="list-style-type: none"> ❑ If patient is unstable/grossly symptomatic then consider: <ul style="list-style-type: none"> ○ Glucagon 3 mg IM or slow IV/IO. May repeat q five minutes to up to max of 15 mg. <p>EXTRAPYRAMIDAL REACTIONS:</p> <ul style="list-style-type: none"> ❑ Consider administration of Benadryl 25-50 mg slow IV/IM 	PARAMEDIC

OVERDOSE CONT.

Clinical Care Pearls

- Poison Control: 1-800-222-1222
- **Tricyclic Medications:** amitriptyline (Elavil, Endep) chlomipramine (Anafranil), desipramine (Norpramine, Pertofrane), doxipin (Sinequan, Apapin); imipramine–(Tofranil, Presamine), nortryptaline (Avenyl, Pamelor), protryptaline (Vivactil), trimipramine (Surmontil). Combination medications containing tricyclics: Limbitrol, Triavil, Tryptazine, Perphenylene