



# Stanislaus County Emergency Medical Services Agency

## POLICIES AND PROCEDURES

POLICY: 554.51  
TITLE: Poisoning/Overdose

EFFECTIVE: 2/24/21  
REVIEW: 2/2026  
SUPERCEDES:

### APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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### POISONING/OVERDOSE

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
Be careful not to contaminate yourself and others, remove contaminated clothing, refer to Emergency Response Guide and bring in the container or label.

#### **EMR STANDING ORDERS**

<b>Patient Assessment</b>	Circulation, Airway, Breathing. Assess vitals q5 minutes
<b>Oxygen Administration</b>	Provide oxygen if appropriate
<b>Suction</b>	Be prepared to suction the airway

#### **EMT STANDING ORDERS**

<b>Note</b>	If applicable must perform items in EMR standing orders
<b>Pulse Oximetry</b>	Report initial reading to paramedic if applicable
<b>Glucometer</b>	Obtain blood glucose level if patient displays ALOC
<b>Naloxone</b>	If respirations are <10/min or systolic BP<90, give 2mg IM or IN. May repeat once in 3-5 minutes if high suspicion of narcotic overdose

#### **PARAMEDIC STANDING ORDERS**

<b>Note</b>	If applicable must perform items in EMR and EMT standing orders
<b>Monitor</b>	Treat heart rhythm as appropriate

<b>IV/IO Access</b>	If systolic BP is < 90mmHg, give 500ml boluses until systolic BP is 90-100mmHg. Reassess patient after each bolus. Max fluid 2000ml
<b>NARCOTICS/OPIOIDS-SEDATIVES</b>	
<b>Naloxone</b>	Only if respirations are < 10/min or systolic BP is < 90mmHg, give 2mg IV/IO/IM/IN. May repeat ONCE in 3-5 minutes if high suspicion of narcotic overdose.
<b>TRICYCLIC ANTIDEPRESSANTS</b>	
<b>Sodium Bicarbonate</b>	1mEq/kg IV/IO for: <ul style="list-style-type: none"> <li>a. GCS &lt; 15</li> <li>b. HR &gt; 100</li> <li>c. Systolic BP &lt; 90mmHg</li> <li>d. QRS widening &gt; 0.12</li> <li>e. High suspicion of tricyclic ingestion</li> </ul> Repeat 0.5mEq/kg IV/IO every 5 minutes for persistent signs and symptoms.
<b>BETA BLOCKER OVERDOSE</b>	
<b>Atropine</b>	1mg IV/IO if BP < 90mmHg AND HR < 50/min with serious signs and symptoms. May repeat once in 5 mins.
<b>Glucagon</b>	1mg IM for serious signs and symptoms of Beta Blocker overdose only.
<b><u>CALCIUM CHANNEL BLOCKER OVERDOSE</u></b>	
<b>Calcium Chloride</b>	If Calcium Channel Blocker ingestion is suspected, give 100mg for BP < 90mmHg AND HR < 50/min AND serious signs and symptoms. May repeat in 5 minutes.
<b>Atropine</b>	1mg IV/IO if BP < 90mmHg AND HR < 50/min with serious signs and symptoms. May repeat once in 5 mins.
<b>CAUSTICS/CORROSIVES/PETROLEUM DISTILLATES</b>	
Remove Agent. If agent is dry, brush off then flush with copious amounts of water. If agent is liquid, flush with copious amounts of water. If eyes are contaminated, flush with water for a minimum of 20 minutes.	
<b>Do not induce vomiting or give Activated Charcoal</b>	
<b>ORGANOPHOSPHATES</b>	
<b>Atropine</b>	2mg slow IV/IO or IM. Repeat every 3 minutes as needed to control secretions, bronchorrhea, and dysrhythmias  Signs and symptoms include- <u>S</u> alivation, <u>L</u> acrimation, <u>U</u> rination, <u>D</u> efecation, <u>G</u> I upset, <u>E</u> mesis, and <u>M</u> uscle twitching
<b>AMPHETAMINE OR COCAINE INTOXICATION WITH ACUTE AGITATION</b>	
<b>Midazolam</b>	2mg IV/IO. Titrate 1mg increments to control agitation or psychosis (max dose of 6mg). If unable to establish IV access (after one attempt), give 5mg IM/IN. May repeat IM/IN dose once in 10 minutes if uncontrollable behavior continues.

Clinical PEARLS:

- Contact Base Hospital if any questions or if additional therapy/treatment is required. Any Poison Control Center consultation must be coordinated with Base Hospital.
- If Law enforcement administers Naloxone prior to arrival, EMS may administer additional Naloxone if suspected narcotic overdose
- ETCO<sub>2</sub> monitoring required for administration of Midazolam if tolerated by patient