



Overdose and/or Poison Ingestion

EMS Medical Director:

Signature on File

EMS Administrator:

Signature on File

California Poison Control Center
(800) 222-1222

E	Supplemental O ₂ as necessary to maintain SpO ₂ ≥ 94%, airway adjuncts as needed
A	Establish IV/IO
	Cardiac monitor

***Monitor closely for Pulmonary Edema**

Beta/Calcium Channel Blockers
Transport medication to hospital

Tricyclic and Related Compounds

A If SBP < 90
Fluid Challenge of 500ml NS*
Max dose 1000ml

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Fluid Challenge of 1000ml NS*

P If HR < 50 and SBP < 90
ATROPINE: 1mg IV/IO, repeat q5 min. Max: 3mg

Sodium Bicarbonate:
1 mEq/Kg slow IV push if any of the following signs of cardiac toxicity are present:

- A.** HR > 120
- B.** SBP < 90
- C.** QRS complex > 0.12 seconds
- D.** Seizures
- E.** Premature Ventricular Contractions > 6 per/minute

After max dose of Atropine and HR < 50 and SBP < 90

P For SPB ≤ 90 mmHg
Push Dose Epinephrine:
0.01 mg/ml (10mcg/ml)
Dose: 0.5-2ml (5-20mcg) IV/IO every 2-5 min.
Titrate to SPB ≥ 90 mmHg.

P Consider **Pacing** for SBP < 90 and HR < 50

Contact Base Hospital for medical direction if needed.

DRAFT

E	EMT
A	AEMT
P	Paramedic

Adult Medical Treatment Guidelines





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- A. Make every effort to identify the substance and time of ingestion.
- B. Bring a sample in the original container to the ED whenever possible.
- C. For suspected overdose with insulin or oral hypoglycemic agents or for suspected narcotic overdose with any opiate refer to PD# 8002 – Diabetic Emergencies.
- D. For a suspected overdose of an Organophosphate or Carbamate pesticide, refer to PD# 8029 – Hazardous Materials

Cross Reference:

PD# 8029 – Hazardous Materials

PD# 8810 – Transcutaneous Cardiac Pacing

