

Monterey County EMS System Policy



Protocol Number: E-5
Effective Date: 5/23/2023
Review Date: 6/30/2027

OVERDOSE AND POISONING

BLS CARE

Routine Medical Care

Identify and locate the substance. Protect self and consider contacting California Poison Control at (800) 222-1222.

Prevent additional contact with the substance, as warranted. Prevent further access to the substance by the patient.

Do not induce vomiting. Give nothing by mouth.

Substance-Specific Treatment (in addition to Routine Medical Care):

Suspected Opioid Overdose

Naloxone, up to 4 mg intra-nasal (IN), if respirations are less than 10/minute. Assess for improved respiratory rate and quality. May repeat one time if respirations remain less than 10/minute.

ALS CARE

Routine Medical Care

Substance-Specific Treatment (in addition to Routine Medical Care):

Suspected Opioid Overdose

Naloxone, up to 2 mg IV/IM/IN/IO, if respirations are less than 10/minute. Titrate to improved respiratory rate and quality. May repeat up to 8 mg if respirations remain less than 10/minute. May be administered **IM** by an EMT working under the supervision of a paramedic.

Naloxone 4 mg IN if using a single-dose IN device.

Medication for Addiction Treatment (MAT) **** Requires a physician order through medical control. ** (877)4 EMS BUP or (877)436-7287** See EMS System Policy #4520: MAT – EMS Buprenorphine (Opioid Withdrawal) Flowchart. Provider agencies must have approval from the EMS Agency in order to participate in this Local Optional Scope of Practice (LOSOP) item.

Buprenorphine 16 mg SL. If symptoms worsen or persist, **may repeat 8 mg SL** (for a total maximum dosage of 24 mg SL).

Ingestion of Non-Petroleum Based Substance or Non-Caustic Substance

Activated Charcoal 1 gm/kg PO should be considered if the time of ingestion was less than one (≤ 1) hour prior to EMS arrival and if the patient is alert and able to safely swallow liquid.

Organophosphate Poisoning

Atropine 2 mg IV/IO. May repeat every 5 minutes while symptomatic.

Cyclic Anti-Depressant Overdose

Sodium Bicarbonate 1 mEq/kg IV/IO. Use for widened QRS (> 100 msec), hypotension, tachycardia, or heart block.

Seizures are usually brief and self-limited. ACTIVE seizures may be treated with **midazolam 0.1 mg/kg IV (not to exceed 5 mg) or 0.2 mg/kg IM/IN (not to exceed 10 mg).**

Dystonic Reaction

Diphenhydramine 25 or 50 mg IV/IM.

Beta Blocker Overdose (with symptomatic bradycardia or hypotension)

Glucagon 3 mg IV/IM/IO. (First-line treatment.)

Calcium Chloride 1 gram slow IV/IO (over 5 minutes). May repeat once in 10 minutes if patient remains hypotensive.

Atropine 1 mg IV/IO. May repeat once in five minutes if no improvement in heart rate.

Calcium Channel Blocker Overdose (with symptomatic bradycardia or hypotension)

Calcium Chloride 1 gram slow IV/IO (over 5 minutes). May repeat every 10 minutes while symptomatic.

Glucagon 3 mg IV/IM/IO.

Atropine 1 mg IV/IO. May repeat once in five minutes if no improvement in heart rate.

CHEMPACK Deployment.

Nerve Agent Poisoning

Atropine (auto-injector or injectable)

- **Atropine 2 mg IM auto-injector.** May repeat every 5 minutes until symptoms relieved.

OR

- **Atropine 2 mg IV/IO.** May repeat every 5 minutes while symptomatic.

2-PAM (Pralidoxime) IM auto-injector.

Administer 1 auto-injector IM for mild symptoms such as mild shortness of breath, or for moderate symptoms such as sweating, twitching, and weakness.

Administer 3 auto-injectors IM for severe symptoms such as seizures, apnea, or copious secretions.

Diazepam (auto-injector or injectable)

- **Diazepam 5 mg IM auto-injector.** Administer 1 auto-injector IM for seizures or severe muscle twitching. May repeat every 5 minutes for seizures and every 10 minutes for muscle twitching until symptoms resolve.

OR

- **Diazepam 5 mg IV/IM/IO** titrated to effect for seizures. May repeat every 10 minutes for continued seizures. Maximum total dose is 30mg.