

# County of Monterey EMS System Policy



Protocol Number: E-5  
Effective Date: 11/1/2024  
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

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#### **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 improve 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.

**Buprenorphine 16 mg SL** may be administered to patients with symptoms of opioid withdrawal or for patients who have been successfully resuscitated with naloxone following a near-fatal opioid overdose. If symptoms worsen or persist, **may repeat 8 mg SL** (for a total maximum dosage of 24 mg SL).

See **EMS System Policy #4520** for inclusion and exclusion criteria and further details.

##### **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 ( $\leq 1$ ) 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.

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### **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.