Poisonings/Overdose

Signs and Symptoms

- Mental status changes
- Pupil changes
- Hypotension/hypertension
- Respiratory rate changes
- Heart rate and/or rhythm disturbances
- Seizures

History

- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, quantity
- Time of ingestion
- Reason (suicidal, accidental, criminal)
- Past medical history, medications

Differential

- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Depressants
- Stimulants
- Anticholinergic
- Cardiac medications
- Solvents, alcohols, cleaning agents
- Insecticides (organophosphates)
- Opiates

WARNINGS

! Certain toxin ingestion/exposure scenerios can present hazards to rescuers. If unfamiliar with agent, consult with poison center and/or medical control for guidance and consider requesting additional Hazmat resources.

! **Do not administer** charcoal if patient has altered mental status and is unable to protect airway.

Care

B E I P

Follow General Directive #3 Orders for all Patients

Obtain information to be passed on to Poison Control/Medical Control:

Name of toxin responsible for poisoning/overdose.

Amount, time and route of toxin (ingested, inhaled, absorbed).

Patient's age, weight and general health condition.

E I P

If patient is presenting with signs of a narcotic overdose, with respiratory depression administer **Naloxone** (**Narcan®**) up to 2 mg SLOW IV push/IM.

E I P

Initiate IV access when approriate

I P

Initiate Cardiac monitor when appropriate

Determine route of poisioning

If absorbed poisons

B E I P

Remove any clothing that may be contaminated.

Decontaminate skin as appropriate.

Perform patient assessment and treat as necessary

If inhaled poisons

B E I P

Move patient to uncontaminated atmosphere.

Administer 100% oxygen by non-rebreather or BVM.

Determine SpO_2 $ETCO_2$ and SpCO (if available).

Perform patient assessment and treat as necessary

If ingested poisons

B E I P

Try to obtain and or identify ingested substance.

Contact Medical Control and report findings/ patient status.

(B) (E) (I) (P)

! Administer 50 grams **Activated Charcoal** in **Sorbitol.**

If specific overdose is suspected, proceed to page 2

Pearls

- Consider contacting: **National Capital Poison Center for guidance**
  1-800-222-1222
  and coordinate any directives with Medical Control.
- Do not rely on patient history of ingestion, especially in suicide attempts.
- Bring bottles, containers, emesis to ED.
- **Toxidromes**
  Tricyclic: 4 major areas of toxicity: seizures, dysrhythmias, hypotension, decreased mental status or coma; rapid progression from alert mental status to death.
  Acetaminophen: initially normal or nausea/vomiting. If not detected and treated, causes irreversible liver failure.
  Depressants: decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils.
  Stimulants: increased HR, increased BP, increased temperature, dilated pupils, seizures.
  Anticholinergic: increased HR, increased temperature, dilated pupils, mental status changes.
  Cardiac medications: dysrhythmias and mental status changes.
  Solvents: nausea, vomiting, and mental status changes.
  Insecticides: increased or decreased HR, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils.
  Opiates: decreased respiratory rate, altered level of consciousness and pinpoint pupils.

Performance indicators

- Prompt identification of substance and consultation with medical control.

Care

Determine type of overdose

If beta blocker overdose

(I) (P)

If patient presents bradycardic and hypotensive administer **Glucagon** 1mg IV push. Dose may be repeated in 3-5 min if not improved.

I P

Consider early use of TCP for symptomatic Bradycardia.

B E I P

Refer to Hypotension protocol if hypotensive.

Reassess Patient and treat as necessary

If calcium channel blocker overdose

(I) (P)

If patient presents bradycardic and hypertensive, administer **Calcium Chloride** 1 gm SLOW IV push.

I P

Consider early use of TCP for symptomatic Bradycardia.

B E I P

Refer to Hypotension protocol if hypotensive.

Reassess Patient and treat as necessary

If tricyclic anti-depressant overdose

(I) (P)

If patient has signs of toxicity (Wide Complex Tachycardia and/or hypertensive), administer **Sodium Bicarbonate** (1 m Eq/kg) IV push.

Reassess Patient and treat as necessary

Pearls

- Although Bradycardia is defined as a pulse less than 60, generally aggressive treatment will not be necessary unless pulse falls below 50 with symptoms of hypoperfusion.