

INGESTION/POISONING/OD	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • Decontaminate at scene • Dry substance <ul style="list-style-type: none"> ○ Remove contaminated clothing ○ Brush off substance prior to flushing with large quantities of water • Liquid substance <ul style="list-style-type: none"> ○ Remove contaminated clothing ○ Flush with large quantities of water • Eye involvement <ul style="list-style-type: none"> ○ Flush with normal saline when available for minimum of 15 min 	
ALS Standing Orders	
<ul style="list-style-type: none"> • If alert with normal gag reflex, ingestion within 1 hour and no contraindications <ul style="list-style-type: none"> ○ Activated Charcoal 50 Gm PO 	<ul style="list-style-type: none"> • If alert with normal gag reflex, ingestion within 1 hour and no contraindications <ul style="list-style-type: none"> ○ Activated Charcoal 25 Gm PO
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Beta Blocker Overdose <ul style="list-style-type: none"> ○ Glucagon 3-10 mg slow IV/IO (when cache available) • Calcium Channel Blocker Overdose <ul style="list-style-type: none"> ○ Calcium Chloride 1 Gm slow IV/IO • Organophosphate Overdose <ul style="list-style-type: none"> ○ Atropine 2 mg IV/IO/IM repeat as needed • Tricyclic Overdose – with tachycardia and signs of QRS widening (> 0.1 seconds) <ul style="list-style-type: none"> ○ Sodium Bicarbonate 1 mEq/kg IV/IO, may repeat every 10 minutes at ½ the initial dose with persistent wide QRS. • As needed 	<ul style="list-style-type: none"> • Beta Blocker Overdose <ul style="list-style-type: none"> ○ Glucagon 0.1 mg/kg IV/IO/IM • Calcium Channel Blocker Overdose <ul style="list-style-type: none"> ○ Calcium Chloride 20mg/kg slow IV/IO not to exceed 500 mg per dose • Organophosphate Overdose <ul style="list-style-type: none"> ○ Atropine 0.05-0.1 mg/kg IV/IO/IM • Tricyclic Overdose – with tachycardia and signs of QRS widening <ul style="list-style-type: none"> ○ Sodium Bicarbonate 1mEq/kg IV/IO, may repeat every 10 minutes at ½ the initial dose with persistent wide QRS. • As needed
Notes	
<ul style="list-style-type: none"> • If suspected opiate overdose AND inadequate respirations with a O₂ sat < 94% or ETCO₂ > 45 mmHg see Respiratory Depression – Opiate Overdose Protocol #618 for Narcan administration • Activated Charcoal contraindicated for: <ul style="list-style-type: none"> ○ Ingestion of caustics, corrosives or hydrocarbons (petroleum distillates) ○ ALOC hindering patient’s ability to control airway/swallowing ○ Ineffective for ingestion of cyanides, EtOH, heavy metals • Consider nerve agents, carbon monoxide or organophosphate exposure with multiple victims – see Hazmat Training Standards Policy #201 • Protect rescuers from exposure due to contact with substance or secondary exposure through patient contact 	