

**I. General Considerations**

- A. While most substances are potential poisons, few have specific antidotes or treatments, and the overall approach and basic treatment principles apply for all.
  - B. During scene size up, identify potential hazards and take appropriate protective measures. Initiate the response of other agencies as needed.
  - C. Remove the patient from a dangerous environment as soon as possible. It is important not to become exposed to chemicals and poisons yourself.
  - D. Antidotes are rare and most critical poisoned patients cannot be stabilized in the field.
  - E. Information obtained at the scene, including the identify of the poison, the amount taken, and the circumstances surrounding the poisoning may greatly benefit patient care in the hospital.
  - F. Activated charcoal has replaced syrup of ipecac in the management of ingested poisonings.
  - G. Since poisoning is not always obvious, it needs to be considered in all patients with altered level of consciousness, bizarre behavior, apparent intoxication, depression, coma, trauma, or prior history of suicide attempts.
  - H. If the patient's clothing is contaminated, it should be removed and appropriately dealt with.
  - I. Flushing with copious amounts of water is generally indicated for skin exposures.
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**II. History**

Perform a focused history and physical exam with particular attention to:

- A. What is involved?
    - 1. Substance - bring containers, contents, emesis, etc. to ED.
    - 2. Co-ingestions - Have other drugs or medications been taken, especially in the past 24 hours, including alcohol and illicit drugs?
    - 3. Route - orally, snorting, inhalation, injection, skin exposure, rectal exposure.
    - 4. Amount - total dose, by one or multiple timed doses, etc.
    - 5. Time - of ingestion and of onset of clinical signs and symptoms.
    - 6. Symptoms - including order and timing of development.
    - 7. Treatment - vomiting, other medications, shower, etc.
    - 8. Other medical or traumatic problems - e.g., heart disease, diabetes, vehicular crash, fall, allergies, etc.
    - 9. Reason - suicidal, accidental, criminal - e.g. forced ingestion.
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**III. Physical Examination**

- A. Perform an initial assessment.
  - B. Perform a focused history and physical exam, including:
    - 1. Respiratory pattern.
    - 2. Eye signs (pupillary size and reactivity, involuntary eye movement, etc).
    - 3. Odor (sweet, fruity, acetone).
    - 4. Evidence of other medical or traumatic problems.
    - 5. Skin appearance (burns, chafing, etc.).
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**IV. Treatment**

{If diminished level of consciousness, see **altered level of consciousness** protocol}

**Basic**

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.
- C. Treat other urgent medical or traumatic problems according to their priority.
- D. Do not delay transport.

**POISONING AND OVERDOSE  
(including alcohol)**

POISON/OVERDOSE 2 OF 2

- E. *Contact medical direction (not a poison center) as soon as reasonably possible. Seek on-line direction regarding treatment options such as activated charcoal (1 gm/kg of body weight).*
- F. *If indicated, minimize patient exposure to chemicals and poisons and flush with water if indicated by the exposure.*

**Intermediate**

- G. *Secure IV access if ordered by medical direction.*
- H. *If an opiate overdose is suspected, contact medical direction for an order to administer 2 mg of naloxone intravenously, subcutaneously or intranasally to an adult (standing order for paramedics), 0.01 mg/kg for a child.*

**Paramedic**

- I. *Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.*
- J. *Contact medical direction for advice or orders concerning specific poisonings and their antidotes.*