



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *MEDICAL PROTOCOLS*



OVERDOSE

Historical Findings

1. Age > 15. Consult CHMC statline for consult on all pediatric patients.
2. History of accidental or intentional ingestion, injection, absorption or inhalation of drugs or chemicals.

Physical Findings

1. Patient may have an altered level on consciousness.
2. Patient may have nasal residue, needle tracks on extremities, and or odor of alcohol.

Protocol

1. Evaluate scene for provider safety.
2. Initiate contact; reassure, and explain procedures.
3. Assess and secure the patient's airway and provide oxygen per the airway, oxygen and ventilation protocol.
4. Perform patient assessment, obtain vital signs and begin cardiac monitoring.
5. Attempt to obtain the following history:
 - A. What substance(s) were taken.
 - B. When was the time of ingestion, injection etc.
 - C. How much of substance (dose) was taken.
6. Initiate IV access with a saline lock or 0.9 % normal saline KVO.
7. If there is a suspicion of a narcotic overdose with associated respiratory depression (pinpoint pupils, needle tracks):
 - A. Adults: administer naloxone (Narcan) 0.5 mg IV/IO titrated up to 2 mg.
 - B. Pediatrics: administer naloxone (Narcan) 0.1 mg/kg IV/IO (max 2 mg).
 - C. If IV access is unavailable or anticipated to be difficult:
 - i. Adults: administer naloxone (Narcan) 2 mg IN/IM.
 - ii. Pediatrics: administer naloxone (Narcan) 0.1 mg/kg IN/IM.



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- D. Do **NOT** administer naloxone (Narcan) to any patient actively seizing due to the risk of vomiting and aspiration. These patients are typically poly-pharmacy overdoses and naloxone (Narcan) will not be effective in controlling seizures.
- 8. If the patient has an altered mental status, check blood glucose. If glucose is less than 60 mg/dL:
 - A. Adults: administer dextrose 50 % 12.5-25 gm IV.
 - B. Pediatrics age 6 to 14 years: administer dextrose 50 % 1 mL/kg (max 50 mL).
 - C. Pediatrics less than 6 years: administer dextrose 25 % 2 mL/kg.
 - i. Dextrose 25 % is made by diluting 50 % dextrose with equal amount of 0.9 % normal saline.
 - D. If IV access is unavailable:
 - i. Adults: administer glucagon (Glucagen) 1 mg IM/IN.
 - ii. Pediatrics \geq 20 kg / 44 lbs administer glucagon (Glucagen) 1 mg IM/IN.
 - iii. Pediatrics \leq 20 kg / 44 lbs administer glucagon (Glucagen) 0.5 mg IM/IN.
- 9. Re-check blood glucose. If glucose remains less than 60 mg/dL repeat the age-appropriate intervention in number 8 of this protocol.
- 10. If actively seizing:
 - A. Adults: administer lorazepam (Ativan) 2 mg IV diluted 1:1 with 0.9 % NS titrated to 4 mg
 - B. Pediatrics: administer lorazepam (Ativan) 0.1mg/kg IV diluted 1:1 with 0.9 % NS. See pediatric medication chart, broslow tape or consult Statline for dose.
 - C. If the patient is in the third trimester or up to six weeks postpartum, is actively seizing, and has no history of seizures consider administration of magnesium sulfate 4 gm slow IV over 15 minutes.
 - i. Magnesium is diluted by mixing 4 gm/8 mL in a 20 cc syringe diluted with 12 mL of D5W.



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- D. If IV access is unavailable:
 - i. Adults: administer midazolam (Versed) 5 mg IN/IM
 - ii. Pediatrics: administer midazolam (Versed) 0.1 mg/kg IN/IM.
See pediatric medication chart, or consult Statline for dose.
- 11. *BE PREPARED TO MANAGE THE AIRWAY.*
- 12. If seizures continue prepare for RSI and contact medical command for consult.
- 13. Consult the Poison Control Center ([513-558-5111](tel:513-558-5111)) and or medical command for specific guidance on antidote management.
- 14. If overdose is ingestion and has been within 1 hour administer activated charcoal 1 gm/kg PO or via gastric tube per protocol.
 - A. Withhold activated charcoal for the following:
 - i. GCS < 15 (unless already intubated, refer to NG/OG protocol)
 - ii. Ingestions of corrosives or caustics.
 - iii. Drugs poorly bound: arsenic, bromide, potassium, iron, iodide, lithium.
- 15. If beta-blocker or calcium channel blocker overdose is suspected and the patient is bradycardic and or hypotensive, administer glucagon (Glucagen) 2 mg IV/IO/IM.
 - A. Atropine is often ineffective but can be administered in 0.5 mg increments IV/IO up to a maximum of 3 mg.
 - B. Consider early use of TCP for symptomatic bradycardia.
 - C. Consider dopamine for hypotension starting at 10 micrograms/kg/minute.
- 16. If calcium channel blocker overdose is suspected and the patient is bradycardic and or hypotensive, administer calcium gluconate 1 gm IV/IO.
- 17. If tricyclic antidepressant overdose is suspected and the patient has a wide complex tachycardia and or is hypotensive, consider administration of sodium bicarbonate 1 mEq/kg IV/IO.