

POISONING/OVERDOSE/INGESTION

1. Assume any ingestion may be life threatening and requires treatment. Patients who have overdosed intentionally often lie about the ingestion.
2. Patients who have attempted suicide by overdose are not competent to refuse care for that overdose. They should be treated and transported, against their will if necessary. (Utah Code Annotated 62A-15-629) Stable patients may be transported to the hospital of their choice.
3. Obtain a list of any substances allegedly ingested, including alcohol and time of Ingestion. When possible bring containers and prescription bottles to the hospital.
4. Control Airway/Ventilation/Oxygenation:
 - a. Open and maintain airway.
 - b. **100% O₂** by mask, BVM, or BV-ETT.
 - c. If gag intact but mental status altered, transport laying on side, with suction ready.
 - d. If gag absent and mental status altered, intubate trachea to protect airway. (Exception: suspected narcotic overdose; may delay intubation pending response to Naloxone)
5. Monitor Circulation
6. Specific Antidotes/Treatment:
 - a. **IV NS or LR**. If hypotensive, infuse wide open until response, 500 cc infused (Pediatric dose 20 cc/kg), or medical control orders given.
 - b. Cardiac **monitor**, pulse oximeter if available.
 - c. If mental status altered, follow altered mental status/coma standing orders (**DW₅₀**, **Naloxone**: intranasal, subQ, IM or IV).
 - d. If tricyclic antidepressant overdose suspected, and cardiac monitor shows QRS > 0.12 sec or unstable arrhythmia, give **Sodium bicarbonate** 1 mEq/kg IV.
7. **Contact Medical Control**
 - a. Medical Control Options:
 - i. Endotracheal intubation in patients whose mental status and gag reflex are deteriorating.
 - ii. **Charcoal** 50 grams (pediatric 1g/kg up to 50 g) by mouth.
8. Treatment and transport suicidal patients against their will (Utah Code Annotated 62A-15-629) . Stable patients may be transported to the hospital of their choice.
 - a. Closest facility if patient condition deteriorating.