



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-M-50  
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Original Date: 04/01/13  
Revised: 10/01/2017

SUBSTANCE OVERDOSE/POISONING - ADULT/ADOLESCENT

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. May continue Normal Saline boluses beyond 1 liter if no evidence CHF and partial response to first liter of infusions.
3. If hypotensive or signs of shock and no response with Normal Saline bolus infusions or signs of congestive heart failure (pulmonary rales):

▶ Consider push dose epinephrine:

**Mixing instructions:**

- Draw epinephrine 1 mg of 0.1 mg/mL preparation (cardiac epinephrine) into syringe and waste 9 mL of epinephrine.
- Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
- Mixture now provides 10 mL of epinephrine at a 10 mcg/mL concentration.

**Push Dose:**

→ 0.5 mL (5 mcg) IV/IO, every 3 minutes, titrate to a SBP > 90.

Note: Avoid use with suspected stimulant intoxication as may cause additive stimulant effect resulting in myocardial infarction, stroke, or excited delirium.

ALS STANDING ORDER

1. Assist ventilation with BVM and suction airway as needed.
2. Pulse oximetry, if room air oxygen saturation less than 95%, administer:
  - ▶ High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.
3. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.
  - ▶ Oral glucose preparation, if airway reflexes are intact.
  - ▶ 10% Dextrose 250 mL (titrated for effect to improve consciousness).
  - ▶ Glucagon 1 mg IM if unable to establish IV.  
Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 60, unable to establish IV and there is no response to IM glucagon.
4. For blood pressure less than 90 systolic and lungs clear to auscultation:
  - ▶ Establish IV access
  - ▶ Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion
5. ALS escort to nearest ERC or contact Base Hospital as needed.

**In addition to the general standing orders above, the following apply to specific situations:**

**Suspected Narcotic Overdose:**

- If respiratory depression (respiratory rate less than or equal to 12):
- ▶ Naloxone (Narcan™):
    - 0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; OR
    - 0.4 to 1 mg IV, every 3 minutes as needed; OR
    - 4 mg/0.1 mL preloaded nasal spray IN

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ALS STANDING ORDER

**Suspected Carbon Monoxide or Cyanide Poisoning:**

- ▶ High flow oxygen by mask
- ▶ Cardiac monitor and document rhythm.
- For wheezes or bronchospasm:
  - ▶ Albuterol, Continuous nebulization of 6 mL (5 mg) concentration
  - ▶ CPAP as tolerated if not contraindicated (reference PR-120).
- For on-going or recurrent seizure activity:
  - ▶ Midazolam 5 mg IV/IM/IN, may repeat once.

**Suspected Stimulant Intoxication:**

- If agitated and a danger to self or others, sedate with:
  - ▶ Midazolam 5 mg IV/IM/IN once.
- If on going or recurrent seizure activity:
  - ▶ Midazolam 5 mg IV/IM/IN, may repeat once.
- If sudden hypoventilation, oxygen desaturation, or apnea:
  - ▶ Assist ventilation with BVM (intubate as time permits),
- Initiate cooling measures if appears to have hyperthermia.
- If signs of dehydration or poor perfusion/lungs clear auscultation:
  - ▶ Establish IV access and give 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.
- If continuous nausea or vomiting, administer:
  - ▶ Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets
  - OR,
  - 4 mg IV, may repeat 4mg IV after approximately 3 minutes

**Suspected Organophosphate Poisoning (including Chemical Agents):**

- ▶ Atropine 2 mg IV, repeat once as needed, alternate route 2 mg IM, repeat once as needed
- For wheezes or bronchospasm:
  - ▶ Albuterol, continuous nebulization of 6 mL (5 mg)
  - ▶ CPAP if available as tolerated and if not contraindicated
- For on-going or recurrent seizure activity:
  - ▶ Midazolam 5 mg IV/IM/IN, may repeat once.

**Suspected Extrapiramidal Reaction**

- ▶ Diphenhydramine (Benadryl®) 50 mg IM or IV once.

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