

POISONS/DRUGS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Ingestion and/or exposure to one or more toxic substances

CRITICAL INFORMATION

- Identify substance/drug if possible and amount ingested
- Time of ingestion and length of exposure
- Risk of exposure to field providers

TREATMENT

- ALS RMC
- **Hydrocarbons or Petroleum distillates** (kerosene, gasoline, lighter fluid, furniture polish):
 - Do not induce vomiting.
 - Transport immediately.
- **Caustic/ Corrosives** (Ingestion of substances causing intra-oral burns, painful swallowing or inability to handle secretions):
 - Do not induce vomiting.
 - Consider dilution with no more than 1-2 glasses of water or milk if no respiratory compromise or change in mental status.
- **Insecticides** (organophosphates, carbonates; cause cholinergic crisis characterized by bradycardia, increased salivation, lacrimation, sweating, muscle fasciculation, abdominal cramping, pinpoint pupils, incoherence or coma):
 - If skin exposure, decontaminate patient, remove clothing, wash skin, avoid contamination of prehospital personnel
 - **Atropine** 2 mg IV slowly. Repeat 2-5 minutes until drying of secretions, reversal of bronchospasm and reversal of bradycardia. Maximum dose 10 mg.
 - If seizures, **Midazolam (Versed)** 2 mg IV slowly; MR in 3 minutes to maximum dose .1mg/kg.
 - For IN: 5 mg (2.5mg in each nostril)
 - For IM: .1mg/kg
- **Cyclic Antidepressants** (frequently associated with respiratory depression, almost always tachycardic, widened QRS and ventricular arrhythmias generally indicate life-threatening ingestions):
 - In the presence of life-threatening dysrhythmias (hemodynamically significant supraventricular rhythms, ventricular dysrhythmias or QRS > 0.10):
 - Hyperventilate if assisting ventilations or if intubated.
 - **Sodium bicarbonate** 1 mEq/kg IVP
 - If seizures, **Midazolam (Versed)** 2 mg IV slowly; MR in 3 minutes to maximum dose .1mg/kg
 - For IN: 5 mg (2.5 mg in each nostril)
 - For IM: .1mg/kg
- **Phenothiazine reactions** (restlessness, muscle spasms of the neck, jaw, and back; oculogyric crisis, history of ingestion of phenothiazine, or unknown medication):
 - **Benadryl** 1mg/ kg slow IVP to max of 50 mg

- **Other non-caustic drugs** (patient awake and alert):
 - If within 1 hour of ingestion, consider **Activated charcoal** 1 GM/kg PO, not to exceed 50 GM
 - If level of consciousness diminishes, protect airway, suggest lateral position with head down.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Obtain history of ingestion, substance, amount and time of ingestion, bring sample to hospital if possible
- Vomiting prior to ED arrival

RELATED POLICIES/ PROCEDURES

- Seizures N2