

**San Joaquin County
Emergency Medical Services Agency**

BLS Poisoning and Overdose

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

INFORMATION NEEDED:

Surroundings and safety check: syringes, containers, flammables, gas cylinders, weapons, unusual odors.

For drug ingestion note: drug(s) taken, dosage, number of pills remaining in bottle, date prescription filled.

For toxic ingestion or exposure note: identifying information, warning labels, placards, MSDS. Check for commercial antidote kits (e.g. cyanide) in occupational settings.

Duration of illness: onset and progression of present state, symptoms, prior to exposure such as headache, seizures, confusion, difficulty breathing.

History of event: ingested substance, drugs, alcohol, toxic exposure, work environment, possible suicide.

Past medical history – behavioral emergencies, psychiatric care, allergic reactions, neurological disorders; confirm information with family member or bystander if possible.

OBJECTIVE FINDINGS:

Breath odor, track marks, drug paraphernalia, prescription opioid pain medication, vital signs, pupil assessment, skin signs, lung sounds and airway secretions.

TREATMENT:

1. Primary Survey – ensure ABC's.
2. Remove patient from contact with hazardous material or environment.
3. Confirm ALS transport is responding.
4. Monitor SpO2.
5. Administer oxygen for shortness of breath or signs of hypoxia: Oxygen 10-15 L/min via non-rebreathing mask. Patients with ineffective respirations: support ventilations with BVM, airway adjuncts, and suction.
6. Give patient nothing by mouth.
7. Secondary Survey and Routine Medical Care.
8. Suspected opioid overdose with respiratory depression:
 - A. Remove any transdermal opioid patches.

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Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

- B. Suction as needed.
- C. Ventilate with bag valve mask.
- D. Enhanced Skills EMT: Administer naloxone intranasal with mucosal atomization device:
 - a. Dose:
 - i. Adult dose (weight greater than 44lbs.) 2mg intranasal. May repeat once in 4 minutes for a total dose of 4mg.
 - ii. Pediatric dose (weight less than 44 lbs.) Administer dose based on dose chart below. Do not repeat dose.
 - b. Note: Do not administer naloxone to patients on hospice or receiving end of life care. If indicated ventilate patient by BVM while confirming advanced directive or POLST.

Table 1: Naloxone Pediatric Weight Based Dosing Chart

Body weight in kilograms / pounds	Dose
5 kg / 11 pounds	0.5 mg
10 kg / 22 pounds	1.0 mg
15 kg / 33 pounds	1.5 mg
20 kg / 44 pounds or greater	2.0 mg

Note: Do not exceed 2.0 mg, the maximum total dose for a pediatric patient.

- 9. Enhanced Skills EMT: Obtain blood glucose determination, if patient has an altered mental status or history of diabetes. If blood glucose is less than 70 mg/dl, administer oral glucose according to EMS Policy No. 5530, BLS Altered Mental Status.