



Treatment Protocol

4602

Policy: Overdose Adverse Reaction	Effective April 1, 2018	Expires March 31, 2019
	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of **Overdose/Adverse Reaction**

P	E	A	P
S	M	E	M
P	T	M	M

Pertinent Findings

Environment	History	Physical	Differential
<i>Evidence of:</i> Accident Suicide Crime <i>Evidence of:</i> Substance Route Quantity Preserve evidence	<i>Substance:</i> Opioids: Heroin, Morphine, Oxycontin, etc. Antipsychotics: Compazine, Thorazine, Haldol, Risperdal, Seroquel, etc. NSAIDs: Aspirin, Tylenol, etc. Beta Blockers: Lopressor, Toprol-XL, etc. Calcium Channel Blockers: Adalat, Calan, Cardizem, Procardia, etc. Cyclic antidepressants: Anafranil, Elavil, Pamelor, Tofranil, etc. Depressants, stimulants, & other medications Route, quantity, and time SAMPLE history	Altered mental status Seizures Dystonia Bradypnea (RR \leq 8/min) Bradycardia, tachycardia, dysrhythmia Hypotension or hypertension Hypothermia or hyperthermia Sluggish, dilated or pinpoint pupils Skin signs and secretions Abdominal pain, nausea, and vomiting	Alcohol Epilepsy Insulin Overdose Uremia Trauma Infection Psychosis Stroke Insecticides Other toxins

Emergency Stabilization or Patient Management

Obtain and evaluate blood glucose when AEMT or paramedic is present		E	A	P
Naloxone IN (only) **REMSA Authorized Public Safety Personnel Only** Only for respiratory depression / respiratory arrest with suspected narcotic overdose Use REMSA approved administration device with REMSA approved pre-loaded dose <u>May repeat ONCE only</u>	P			
Naloxone IM/IN or IV/IO push Only for respiratory depression/ respiratory arrest with suspected narcotic overdose See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated			A	P
Diphenhydramine IM or slow IV/IO push For suspected dystonic reaction See the REMSA Calculation Chart for concentration, and patient specific dosage and volume <u>Repetition requires a base hospital order (BHO)</u>				P

B

B

Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

P S P	E M T	A E M T	P M
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******* Base Hospital Orders *******

Initiate, repeat, or modify standing orders within scope of practice As ordered For suspected overdose / adverse reaction		E M T	A E M T	P M
Activated Charcoal PO As ordered For suspected overdose within one hour of ingestion			A E M T	P M
Calcium Chloride 10% As ordered (typically in 50 mL Normal Saline IV/IO drip over 10 minutes) For suspected beta blocker or calcium channel blocker overdose				P M
Glucagon As ordered For suspected beta blocker or calcium channel blocker overdose				P M
Sodium Bicarbonate 8.4% As ordered For altered mental status and/or dysrhythmia with suspected cyclic antidepressant overdose				P M
Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered Mode of transport is an operational decision		E M T	A E M T	P M