



# Overdose / Toxic Ingestion

## History

- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, quantity
- Time of ingestion
- Reason (suicidal, accidental, criminal)
- Available medications in home
- Past medical history, medications

## Signs and Symptoms

- Mental status changes
- Hypotension / hypertension
- Decreased respiratory rate
- Tachycardia, dysrhythmias
- Seizures

## Differential

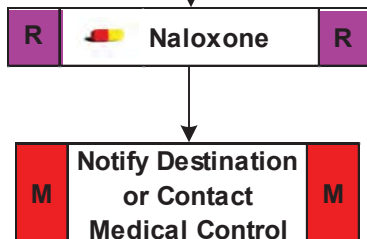
- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergic
- Cardiac medications
- Solvents, Alcohols, Cleaning agents
- Insecticides (organophosphates)

## Universal Patient Care Protocol

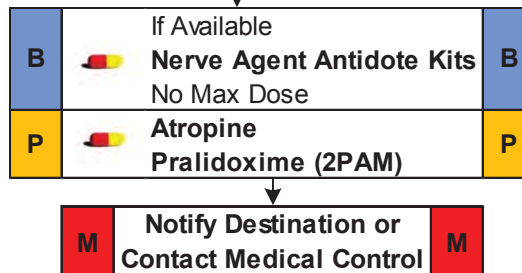
B		Cardiac Monitor	B
B		12-Lead ECG	B
A		IV Protocol	A
B		Consider Charcoal if patient alert	B
P		Tricyclic Ingestion? Sodium Bicarbonate if Tachycardia or QRS widening	P
		Consider Chest Pain Protocol	

Legend		
R	Rapid Responder	R
B	EMT	B
A	Advanced EMT	A
P	Paramedic	P
M	Medical Control	M

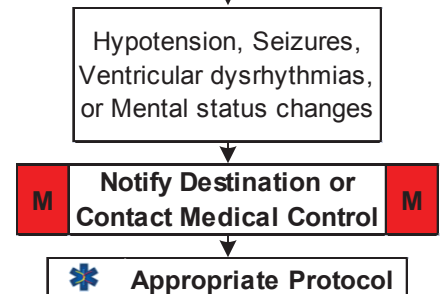
### Respiratory Depression



### Organophosphates Carbamates



### Other



Naloxone may be given by EMR, EMT, or AEMT on Standing Order via Intranasal or Auto-Injector ONLY as a local Medical Control Option.



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## Pearls

- **Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro**
- Do not rely on patient history of ingestion, especially in suicide attempts. Make sure patient is still not carrying other medications or has any weapons.
- Bring bottles, contents, emesis to ED.
- **Tricyclic:** 4 major areas of toxicity: seizures, dysrhythmias, hypotension, decreased mental status or coma; rapid progression from alert mental status to death.
- **Acetaminophen:** initially normal or nausea/vomiting. If not detected and treated, causes irreversible liver failure
- **Aspirin:** Early signs consist of abdominal pain and vomiting. Tachypnea and altered mental status may occur later. Renal dysfunction, liver Failure, and or cerebral edema among other things can take place later.
- **Depressants:** decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils
- **Stimulants:** increased HR, increased BP, increased temperature, dilated pupils, seizures
- **Anticholinergic:** increased HR, increased temperature, dilated pupils, mental status changes
- **Cardiac Medications:** dysrhythmias and mental status changes
- **Solvents:** nausea, coughing, vomiting, and mental status changes
- **Insecticides:** increased or decreased HR, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils
- Consider restraints if necessary for patient's and/or personnel's protection per the Restraint Procedure.
- **Nerve Agent Antidote kits** contain 2 mg of Atropine and 600 mg of pralidoxime in an autoinjector for self administration or patient care. These kits may be available as part of the domestic preparedness for Weapons of Mass Destruction.