



BLS

ALS

- Ensure patent airway
- O₂ saturation PRN
- O₂ and/or ventilate PRN
- Monitor blood glucose PRN
- Carboxyhemoglobin monitor PRN, if available

Ingestions

- Identify substance
- Transport pill bottles and containers with patient PRN

Skin contamination*

- Remove clothes
- Brush off dry chemicals
- Flush with copious water

Toxic inhalation (e.g., CO exposure, smoke, gas)

- Move patient to safe environment
- 100% O₂ via mask
- Consider transport to facility with hyperbaric chamber for suspected CO poisoning, particularly in unconscious or pregnant patients

Symptomatic suspected opioid OD with RR low for age. Use with caution in opioid-dependent, pain-management patients[⊗]

Patients <35 kg (77 lbs)

- Ventilate PRN
- Call for ALS

Patients ≥35 kg

- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril OR
- Naloxone 2 mg via atomizer and syringe. Administer 1 mg into each nostril.

EMTs may assist family or friend to medicate with patient's prescribed naloxone in **symptomatic suspected opioid OD**

- Monitor/EKG
- IV/IO[Ⓐ]
- Capnography PRN

Ingestions

- Assure patient has gag reflex and is cooperative
- Charcoal per drug chart PO if ingestion within 60 minutes and recommended by Poison Control Center[Ⓐ]
- In oral hypoglycemic agent ingestion, any change in mentation requires blood glucose check or recheck

Symptomatic suspected opioid OD with respiratory depression (RR low for age, SpO₂<96%, or EtCO₂ ≥40 mmHg)

- Naloxone per drug chart IN/IV/IM, MR[Ⓐ]
- In opioid-dependent patients, dilute and titrate slowly per drug chart

Symptomatic organophosphate poisoning

- Atropine per drug chart IV/IO
- For continued signs/symptoms of SLUDGE/BBB, double prior atropine dose IV/IO q3-5 min

Extrapyramidal reactions

- Diphenhydramine per drug chart slow IV/IM

Suspected tricyclic antidepressant OD with cardiac effects (e.g., hypotension, heart block, or widened QRS)

- NaHCO₃ per drug chart IV

Suspected beta blocker or calcium channel blocker OD, contact Poison Control Center and Base Hospital[‡]

[⊗] Per Title 22, Chapter 1.5, § 100019 public safety personnel may administer nasal naloxone when authorized by the County of San Diego EMS Medical Director

*For radioactive material, treatment of traumatic injuries takes precedence over decontamination

[‡] Base Hospital Physician may order recommendation from Poison Control Center