

INGESTION/POISONING/OD	
ADULT	PEDIATRIC (≤34 KG)
BLS	
• Universal Protocol #601 • Pulse Oximetry ○ O₂ administration per Airway Management Protocol #602 • Decontaminate at scene • Dry Substance ○ Remove contaminated clothing ○ Brush off substance prior to flushing with large quantities of water • Liquid Substance ○ Remove contaminated clothing ○ Flush with large quantities of water • Eye involvement ○ Flush with normal saline when available for a minimum of 15 minutes	
ALS Standing Orders	
• If alert with normal gag reflex, ingestion within 1 hour, and no contraindications ○ Activated Charcoal 50 Gm PO	• If alert with normal gag reflex, ingestion within 1 hour, and no contraindications ○ Activated Charcoal 25 Gm PO
Base Hospital Orders Only	
• Beta Blocker Overdose ○ Glucagon 3-10 mg slow IV/IO (when cache available) • Calcium Channel Blocker Overdose ○ Calcium Chloride 1 Gm slow IV/IO • Organophosphate Overdose ○ Atropine 2 mg IV/IO/IM repeat as needed • Tricyclic Overdose — with tachycardia and signs of QRS widening (> 0.1 seconds) ○ Sodium Bicarbonate 1 mEq/kg IV/IO, may repeat every 10 minutes at HALF the initial dose with persistent wide QRS. • As needed	• Beta Blocker Overdose ○ Glucagon 0.05 mg/kg IV/IO/IM max 2mg per dose • Calcium Channel Blocker Overdose ○ Calcium Chloride 20 mg/kg slow IV/IO not to exceed 500 mg per dose • Organophosphate Overdose ○ Atropine 0.05-0.1 mg/kg IV/IO/IM • Tricyclic Overdose — with tachycardia and signs of QRS widening ○ Sodium Bicarbonate 1 mEq/kg IV/IO, may repeat every 10 minutes at HALF the initial dose with persistent widening QRS • As needed
Notes	
• If suspected opiate overdose AND inadequate respirations with a O₂ sat < 94% or ETCO₂ > 45 mmHg see - Protocol #618 Respiratory Depression Opiate Overdose, for Narcan administration • Activated Charcoal contraindicated for: ○ Ingestion of caustics, corrosives or hydrocarbons (petroleum distillates) ○ ALOC hindering patient's ability to control airway/swallowing ○ Ineffective for ingestion of cyanides, EtOH, heavy metals • Consider nerve agents, carbon monoxide or organophosphate exposure with multiple victims — see Policy #201 Hazmat Training Standards • Protect rescuers from exposure due to contact with substance or secondary exposure through patient contact	