

m-6 POISONS/DRUGS

PRIORITIES:

- Approach patient(s) after assessing appropriate safety for personnel
- ABCs
- Airway maintenance
- Determine type, amount and length of time of exposure by the patient
- Bring in the container and/or label
- Initiate treatment under the direction of the base hospital or poison control center.

Toxic Injections and Exposures (Basic Therapy)

1. Ensure a patent airway
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Position of comfort if conscious. If depressed level of consciousness, position on left side;;
5. Assist advanced life support personnel with patient packaging and movement to ambulance;
6. Consider:
 - Contact Base Hospital or Poison Control Center;
 - Being careful not to contaminate yourself and others, remove contaminated clothing, brush off powders, wash off liquids.
 - If patient is fully conscious and alert, do not attempt to dilute injected substances with water or milk until an ALS unit arrives or landline consultation with a base hospital/poison control center;
 - Skin contact with toxic agent: Remove patient from contact with source. Remove clothing from patient if contaminated. If the contact substance is a powder, brush off first, then wash off, otherwise wash copiously with water as indicated (up to 20 mins., or more may be indicated).
 - Locate containers or types of substance, for transport to hospital for identification (if safe to handle). If MSDS printouts are available bring them to the hospital with the patient.
 - Monitor vital signs and level of consciousness. Watch for seizures;
 - Observe patient at all times. Never leave a patient alone.