MEDICAL EMERGENCIES
M-6 / POISONS / DRUGS

PRIORITIES: ➢ Approach patients after assessing appropriate safety for personnel. ➢ ABCs. ➢ Determine type, amount, time of material absorbed by patient. ➢ Being careful not to contaminate yourself and others, remove contaminated clothing, brush off powders, wash off liquids. ➢ Bring in the container and/or label. ➢ Early transport. ➢ **EARLY CONTACT OF RECEIVING HOSPITAL**.	**Approved** **Effective 4/23/2013**

PATIENT TREATMENT GUIDELINES

- Stabilize airway;
- **OXYGEN Therapy** – use appropriate adjuncts;
- Cardiac monitor;
- IV Access TKO, if hypotensive, give 250cc fluid bolus; recheck vital signs and continue boluses until systolic BP > 100;
- **Treat specific Ingestions/exposures according to treatment guidelines on next pages.**
- Transport patient as early as possible.

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, the EMT-P in Solano County may utilize all portions of this treatment protocol without Base Hospital contact as is needed to stabilize an immediate patient.

MEDICAL EMERGENCIES
M-6 / POISONS / DRUGS
M 6 - 1 / POISONS / DRUGS - SPECIFIC TREATMENTS

NARCOTICS / SEDATIVES	CAUSTICS & CORROSIVES
➢ **NALOXONE:** If respiratory rate is less than or equal to eight (8) administer NALOXONE 0.5 mg Intra-Nasal, IM, or IV; may repeat 0.5mg every minute up to a total of 2mg.	➢ Do **NOT** induce vomiting; ➢ Contact Base hospital or Poison Control Center and consider milk or water. EXAMPLES: **ALKALI** (**Bases**) Sodium Hydroxide Drain Cleaners (Drano) Clinitest tablets Potassium Hydroxide (KOH) Ammonium hydroxide (fertilizer) Lithium Hydroxide (photo, chemicals, batteries) Calcium Hydroxide (lime **ACIDS** Sulfuric Acid Hydrochloric Acid **OXIDIZERS** Bleach Potassium Permanganate Ingestion of these substances often causes intra-oral burns, painful swallowing or inability to handle secretions.
PETROLEUM DISTILLATES	**PHENOTHIAZINE REACTIONS**
➢ In general these should not be treated in the field except with supportive measures; ➢ Vomiting should **NOT** be induced.	➢ Reassurance; ➢ **DIPHENHYDRAMINE** 25mg IV or 50mg IM. Characterized by restlessness, muscle spasms of the neck, jaw and back, oculogyric crisis, history of ingestion of phenothiazines (or "some pills a friend gave them").

DISRUPTED COMMUNICATIONS

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MEDICAL EMERGENCIES
M-6 / POISONS / DRUGS
M 6 – 2 / POISONS/DRUGS - SPECIFIC TREATMENTS

TRICYCLIC ANTIDEPRESSANTS	ORGANIPHOSPHATES
➢ For life-threatening dysrhythmias - hemodynamically significant supraventricular rhythms and ventricular dysrhythmias: ➢ Hyperventilation if assisting ventilations or if intubated, or an advanced airway is used; ➢ **SODIUM BICARBONATE** 1 meq/kg slow IVP. ➢ TREAT SEIZURES PER PROTOCOL. These are substances which cause anticholinergic crisis characterized by altered mental status ("mad as a hatter"), fever ("hot as hell"), dilated pupils ("blind as a bat"), flushed skin ("red as a beet"), dry mucous membranes ("dry as a bone"). Frequently associated with respiratory depression, almost always accompanied by tachycardia. Widened QRS complexes and associated arrhythmias are generally signs of a life-threatening ingestion.	➢ **ATROPINE** 0.5 – 2.0 mg slow IVP initially. If no tachycardia or pupil dilation, use larger doses to control secretions and bronchospasm. May repeat doses of 2 - 4 mg IVP every 3 – 10 minutes as needed. ➢ TREAT SEIZURES PER PROTOCOL. Usually formulated as insecticides, these substances cause cholinergic crises characterized by bradycardia, increased salivation, lacrimation and sweating, muscle fasiculations, abdominal cramping, pinpoint pupils, incoherence or coma.

DISRUPTED COMMUNICATIONS

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