

### EMR & EMT STANDING ORDERS

**E**



- Routine Patient Care.
  - Prior to calling Poison Control attempt to identify substance, quantity, time/route of exposure and patient information (weight, medications, history, intentional, accidental).
  - Contact Poison Control at (800) 222-1222 as soon as practical.
  - Ingested Poison:
    - Consider activated charcoal 25 – 50 grams by mouth if advised by Poison Control or **Medical Control**.
  - For suspected opiate overdose with severe respiratory depression consider:
    - Naloxone 1mg (1mL) per nostril (IN) via prefilled syringe and atomizer for a total of 2mg.
    - If no response repeat in 3 - 5 minutes.
    - For additional doses call **Medical Control**.
- NOTE:** Must complete First Responder Narcan Rollout before using naloxone, see: <http://nhoodle.nh.gov/ola/>
- For suspected isolated cyanide poisoning, see [Smoke Inhalation Protocol 2.22A](#).
  - For decontamination/hazardous materials exposure, see [Hazardous Materials 9.0](#).
  - For hypoglycemia, see [Hypoglycemia Emergencies Protocol 2.10A](#).
  - For seizures, see [Seizure Protocol 2.19A](#).

### ADVANCED EMT STANDING ORDERS

**A**

- For suspected opiate overdose with severe respiratory depression consider:
- Naloxone 0.4 – 2.0 mg IV/IM or 2mg IN.
  - If no response, may repeat every 3 - 5 minutes to a total of 10mg.

### PARAMEDIC STANDING ORDERS

**P**

#### Suggested Treatments

- Beta Blocker and Calcium Channel Blocker refer to [Bradycardia Protocol 3.1A](#).
- Dystonic Reaction:
  - Diphenhydramine 25 – 50mg IV/IM
- Organophosphates, see [Nerve Agent/Organophosphate Protocol 2.13A](#).
- Suspected Sympathomimetic/Stimulant:
  - Midazolam 2.5mg IV/IN, may repeat once in 5 minutes; or 5mg IM, may repeat once in 20 minutes, **OR**
  - Lorazepam 1mg IV, may repeat once in 5 minutes; or 2mg IM may repeat once in 20 minutes, **OR**
  - Diazepam 2mg IV, may repeat once in 5 minutes; or 5mg IM, may repeat once in 20 minutes,
- Tricyclic with symptomatic dysrhythmias, (e.g., tachycardia and wide QRS > 100 milliseconds):
  - Sodium bicarbonate 2mEq/kg IV.



This protocol is designed to provide general guidelines for treatment. Specific treatments or antidotes may be appropriate as directed by on-line medical control or in consultation with Poison Control.

#### PEARLS:

- If possible, bring container/bottles and/or contents.
- Pulse oximetry may NOT be accurate for toxic inhalational patients.
- Capnography may be helpful for monitoring respiratory status and titrating to lowest effective naloxone dose. See [Quantitative Waveform Capnography Procedure 6.2](#).

Protocol Continues

 Protocol Continued
**Signs & Symptoms**, which may or may not be present:

- **Acetaminophen:** initially no sign/symptoms or nausea/vomiting. If not detected and treated, may cause irreversible liver failure.
- **Akathisia:** May consist of feelings of anxiety, agitation, and jitteriness, as well as inability to sit still / pacing. This may be induced by antipsychotics, such as haloperidol, or anti-emetics such as prochlorperazine or metoclopramide.
- **Anticholinergic:** tachycardia, fever, dilated pupils, mental status changes. Blind as a bat (blurred vision). Dry as a bone (dry mouth). Red as a beet (flushing). Mad as a hatter (confusion). Hot as a hare (hyperthermia).
- **Aspirin:** abdominal pain, vomiting, tachypnea, fever and/or altered mental status. Renal dysfunction, liver failure, and or cerebral edema among other things can take place later.
- **Cardiac Medications:** dysrhythmias, altered mental status, hypotension, hypoglycemia.
- **Depressants:** bradycardia, hypotension, decreased temperature, decreased respirations, non-specific pupils.
- **Dystonic Reaction:** Neurological movement disorder, in which sustained muscle contractions cause twisting and repetitive movements or abnormal postures. This may be induced by antipsychotics, such as haloperidol, or anti-emetics such as prochlorperazine or metoclopramide.
- **Opiate:** Respiratory depression or arrest, pinpoint pupils, decreased mental states. Prolonged overdoses may result in compartment syndrome and/or hypothermia.
- **Organophosphates:** bradycardia, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils.
- **Solvents:** nausea, coughing, vomiting, mental status change and arrhythmias. Patient with significant solvent exposure, must be handled gently to reduce the incident of arrhythmia and/or subsequent cardiac arrest.
- **Sympathomimetic/Stimulants:** tachycardia, hypertension, seizures, agitation, increased temperature, dilated pupils, anxiety, paranoia, diaphoresis. Examples are bath salts, cocaine, methamphetamine, ecstasy, ADHD drugs, thyroid meds (rarely), salbutamol.
- **Tricyclic:** seizures, dysrhythmias, hypotension, decreased mental status or coma.