Obtain specific information:
- Type of ingestion(s)
- What, when and how much ingested?
- Bring the poison, container, all medication and other questionable substances to the ED
- Note actions taken by bystanders or patient (e.g.: induced emesis, “antidotes”, etc)
- Supportive Care is key to overdose management

PPE and decontaminate when appropriate

ABCs
IV, titrate oxygen, monitor

Need for airway management?
Yes
- Naloxone
- Airway adjuncts and BVM ventilations as needed

See airway management protocols

No

Hypotension?
Yes
- IV fluid bolus per hypotension/shock guideline

Consider dopamine if no response to 20cc/kg NS bolus

No

Altered mental status?
Yes
- Universal Altered Mental Status Guideline

Check BGL (BMK)
Consider specific ingestions

No

Specific ingestion?

Stimulant
Tachycardia, HTN, agitation, sweating, psychosis
Midazolam for severe symptoms
See Agitated/Combative Patient guideline

Tricyclic antidepressant
or cyclobenzaprine
or carbamazepine
Wide complex tachycardia, seizure
Sodium bicarb for QRS > 100 msec
If intubated, consider hyperventilation to ETCO₂ 25-30
See Seizure guideline

Organophosphate or nerve agent
DUMBELS syndrome
Nerve Agent Antidote Kit
Atropine (EMT-I requires verbal order)

Calcium Channel Blocker
Bradycardia, heart block, hypotension

20 cc/kg NS bolus
Dopamine for hypotension

β-Blocker
Bradycardia, heart block, hypotension

20 cc/kg NS bolus
Dopamine

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