

POISONS/DRUGS

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Exposure to one or more toxic substances (ingestion, inhalation, or skin contact)

CRITICAL INFORMATION

- Avoid contamination of prehospital personnel
- Identify substance/drug if possible and amount ingested
- Time of ingestion and length of exposure
- Risk of exposure to field providers; additional respiratory protection may be needed
- Alert receiving facility of possible HAZMAT exposure

TREATMENT

- ALS RMC
- Consider contacting Poison Control Center at 1(800) 404-4646 for additional information. If information from Poison Control is outside of scope of practice, contact the intended receiving facility for consult.
- If level of consciousness diminishes, protect airway.
- If skin or eye exposure, decontaminate patient, remove clothing, wash skin, continuous irrigation of eyes
- **Hydrocarbons or Petroleum distillates** (kerosene, gasoline, lighter fluid, furniture polish):
 - Do not induce vomiting.
 - Transport immediately.
- **Caustic/ Corrosives** (Ingestion of substances causing intra-oral burns, painful swallowing or inability to handle secretions):
 - Do not induce vomiting
- **Insecticides** (organophosphates, carbonates; can cause cholinergic crisis characterized by bradycardia, increased salivation, lacrimation, sweating, muscle fasciculation, abdominal cramping, pinpoint pupils, incoherence or coma:
 - **Atropine** 2 mg IV slowly. Repeat 2-5 minutes until drying of secretions, reversal of bronchospasm and reversal of bradycardia. Maximum dose 10 mg.
 - If seizures, **Midazolam (Versed)** 1 mg IV slowly; MR in 3 minutes to maximum dose 0.05 mg/kg
 - For IN: 5 mg (2.5mg in each nostril)
 - For IM: 0.1mg/kg; MR x 1 in 10 minutes
- **Cyclic Antidepressants** (frequently associated with respiratory depression, almost always tachycardic, widened QRS and ventricular arrhythmias generally indicate life-threatening ingestions).
 - In the presence of life-threatening dysrhythmias (hemodynamically significant supraventricular rhythms, ventricular dysrhythmias or QRS > 0.10):
 - Hyperventilate if assisting ventilations or if intubated
 - **Sodium bicarbonate** 1 mEq/kg IVP
 - If seizures, **Midazolam (Versed)** 1 mg IV slowly; MR in 3 minutes to maximum dose 0.05 mg/kg
 - For IN: 5 mg (2.5 mg in each nostril)
 - For IM: 0.1mg/kg; MR x 1 in 10 minutes
- **Phenothiazine reactions** (restlessness, muscle spasms of the neck, jaw, and back; oculogyric crisis, history of ingestion of phenothiazine, or unknown medication), give **Benadryl** 1mg/kg slow IVP to max of 50 mg.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Obtain history of ingestion, substance, amount and time of ingestion, bring sample to hospital if possible
- Vomiting prior to ED arrival

RELATED POLICIES/ PROCEDURES

- Seizures N2