

OVERDOSE

ALL PROVIDERS

- ❑ Focused history and physical exam
 - Assess blood glucose, temperature, and oxygen saturation.
 - Assess the time and circumstances of the ingestion.
 - Assess scene for additional information on toxins, poisons, medications or other possible concerns.
- ❑ Cardiac monitor, ETCO₂, and pulse oximetry monitoring, when available.
- ❑ **Treatment Plan**
 - Consider a 12 lead EKG.
 - Patients who have attempted suicide by overdose CANNOT be released and MAY be taken in against their will. Police may need to assist in ensuring the transport.
- ❑ **Key Considerations**
 - Transport any pill bottles, open containers, or potential chemicals that may have been ingested.
 - Transport suicide notes or other pre-ingestion communications.
 - In cases of pure heroin overdose, patients should be offered ED transport, but they may refuse and be left at scene after naloxone administration.
 - All oral opioid overdoses must be transported, as re-sedation will occur after naloxone administration.

ADULT

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

- ❑ **Naloxone 0.4–2 mg** (per dose) IN (intranasal) / IM (intramuscular) for suspected narcotic overdose. May repeat as necessary to maintain respirations

EMT

- ❑ **Naloxone 0.1 mg/kg** (per dose) IN (intranasal) / IM (intramuscular) for suspected narcotic overdose. May repeat as needed to maintain respirations

AEMT

- ❑ Advanced airway, vascular access and fluid therapy per *IV/IO Access and Fluid Therapy Guideline*
- ❑ **Naloxone 0.4–2 mg** (per dose) IV/IM/IO/IN (intranasal) for suspected narcotic overdose. May repeat as needed to maintain respirations

AEMT

- ❑ Advanced airway, vascular access and fluid therapy per *IV/IO Access and Fluid Therapy Guideline*
- ❑ **Naloxone 0.1 mg/kg** (max 2mg per dose) IV/IM/IO/IN (intranasal) for suspected narcotic overdose. May repeat as needed to maintain respirations

PARAMEDIC

- ① **Sodium bicarbonate 1 mEq/kg** slow IV/IO push for tricyclic antidepressant overdose with sustained HR >120 bpm, QRS >0.10, hypotension unresponsive to fluids, or ventricular dysrhythmias
- ❑ **Epinephrine (1:1000) 2–10 mcg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg(Consider Push-dose Epi)

PARAMEDIC

- ① Sodium bicarbonate for tricyclic antidepressant overdose: Contact OLMC
- ❑ **Epinephrine (1:1000) 0.1–2 mcg/kg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >70 + (age in years x 2) mmHg(Consider Push-dose Epi)