TREATMENT PROTOCOL: OVERDOSE / POISONING (SUSPECTED) *

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. If narcotic overdose, consider
   **Naloxone** 2mg IM or IN prior to venous access or advanced airway
5. Advanced airway prn
6. Cardiac monitor prn: document rhythm; attach ECG strip if dysrhythmia identified and refer to appropriate treatment protocol
7. Venous access prn
8. Perform blood glucose test, if blood glucose is less than 60mg/dl:
   Consider oral glucose preparation, if patient is awake and alert
   **Dextrose 50% 50ml slow IV push or 10% 250mL IVPB**
   **Pediatric:** See Color Code Drug Doses/L.A. County Kids
   **Dextrose 10% 5mL/kg IV**
   *Patient's weight <24kg* – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg
   *Patient's weight >24kg* – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg, OR rapidly infuse 120mL of 250mL IVPB, if no symptom improvement, administer remaining dose to a total maximum dose of 5mL/kg

   If unable to obtain venous access:
   **Glucagon** 1mg IM
   **Pediatric:** See Color Code Drug Doses/L.A. County Kids

9. If hypotension, use Ref. No. 1246, Non-Traumatic Hypotension Treatment Protocol
10. If alert and oriented, reassess for potential deterioration
11. If altered level of consciousness
    **Naloxone**
    0.8-2mg IVP
    Titrate to adequate respiratory rate and tidal volume
    If unable to obtain venous access, hypoventilation or suspicion of narcotic overdose, 2mg IM or IN (1mg per nostril for a total dose of 2mg)
    **Pediatric:** See Color Code Drug Doses/L.A. County Kids

12. **CONTINUE SFTP or BASE CONTACT**
13. If strong suspicion of narcotic overdose or partial response noted:
    **Naloxone**
    0.8-2mg IVP
    Titrate to adequate respiratory rate and tidal volume
    If unable to obtain venous access, hypoventilation or suspicion of narcotic overdose, 2mg IM or IN (1mg per nostril for a total dose of 2mg)
    **Pediatric:** See Color Code Drug Doses/L.A. County Kids

14. If blood glucose remains less than 60mg/dl:
    **Dextrose 50% 50ml slow IV push or 10% 250mL IVPB**
    **Pediatric:** See Color Code Drug Doses/L.A. County Kids
    **Dextrose 10% 5mL/kg IV**
    *Patient's weight <24kg* – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg
    *Patient's weight >24kg* – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of
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5mL/kg, OR rapidly infuse 120mL of 250mL IVPB, if no symptom improvement, administer remaining dose to a total maximum dose of 5mL/kg

15. If blood glucose remains less than 60ml/dl and unable to obtain venous access:
   Glucagon 1mg IM
   May be repeated every 20min two times
   Pediatric: See Color Code Drug Doses/L.A. County Kids

16. Consider drugs of specific history. SFTP providers must contact base for order.
   - Calcium channel blocker: Calcium chloride 500-1000mg slow IV push
   - Tricyclic overdose with dysrhythmia or hypotension: Sodium bicarbonate 1mEq/kg IV push and refer to appropriate dysrhythmia treatment protocol