



EMR/EMT/AEMT STANDING ORDERS

R/E/A

- 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.
- For suspected opioid overdose with severe respiratory depression, see [Opioid Overdose Protocol 2.17P](#).
- For suspected isolated cyanide poisoning, see [Smoke Inhalation Protocol 2.23P](#).

PARAMEDIC STANDING ORDERS

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Suggested Treatments

- Beta Blocker and Calcium Channel Blocker, see [Bradycardia Protocol 3.1P](#).
- Dystonic Reaction:
 - Diphenhydramine 1mg/kg IV/IM up to 50 mg.
- Organophosphates, see [Nerve Agent/Organophosphate Protocol 2.14P](#).
- Suspected Sympathomimetic/Stimulant:
 - Midazolam 0.05 mg/kg IV (single maximum dose 2.5 mg, may repeat once in 5 minutes, **OR**
 - *Midazolam 0.1 mg/kg mg IM/IN (single maximum dose 5 mg), may repeat once in 5 minutes, **OR**
 - Lorazepam 0.05 mg/kg mg IV (single maximum dose 1 mg), may repeat once in 5 minutes, **OR**
- Diazepam 0.1 mg/kg IV (single maximum dose 5 mg), may repeat once in 5 minutes.
- Tricyclic with symptomatic dysrhythmias, (e.g., tachycardia and wide QRS > 100 milliseconds):
 - Sodium bicarbonate 1 mEq/kg IV/IO over 5 minutes, may repeat in 5 minutes.



*For IN administration of midazolam use a 5 mg/mL concentration.



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.



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. See [Capnography Procedure 6.3](#).

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. If not detected and treated may cause renal dysfunction, liver failure, and/or cerebral edema
- **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 status. See [Opioid Overdose Protocol 2.17A](#).
- **Organophosphates:** Bradycardia, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils. DUMBELLS: Diarrhea, Urination, Miosis/muscle weakness, Brochorrhea, Bradycardia, Emesis, Lacrimation, Saltvation/sweating.
- **Solvents:** Nausea, vomiting, coughing, 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. Examples: cleaning products, gasoline, glues, paint.
- **Sympathomimetic/Stimulants:** Tachycardia, hypertension, seizures, agitation, increased temperature, dilated pupils, anxiety, paranoia, diaphoresis. Examples: bath salts, cocaine, methamphetamine, ecstasy, ADHD drugs, thyroid meds (rarely), salbutamol.
- **Tricyclic:** Seizures, dysrhythmias, hypotension, decreased mental status or coma.