

Overdose	
ADULT	PEDIATRIC
BLS Procedures	
Decontaminate if indicated and appropriate	
Administer oxygen and support ventilations as indicated	
Suspected opioid overdose with respirations less than 12/min and significant ALOC: <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IN – 4 mg in 0.1 mL, may repeat X 1, Max of 8 mg ○ IM – 2 mg, may repeat X 1, Max of 4 mg 	
ALS Prior to Base Hospital Contact	
IV/IO access	IV/IO access
Suspected opioid overdose with respirations less than 12/min and significant ALOC <ul style="list-style-type: none"> • Naloxone, if not already administered by BLS personnel or if patient continues with decreased resp rate and significant ALOC <ul style="list-style-type: none"> ○ IN – 4 mg in 0.1 mL, may repeat x1, Max of 8 mg ○ IM – 2 mg q 5 min ○ IV/IO – 0.4 mg q 1min <ul style="list-style-type: none"> • Initial max 6 mg ○ May repeat as needed to maintain respirations greater than 12/min 	Suspected opioid overdose with respirations less than 12/min and significant ALOC: <ul style="list-style-type: none"> • Naloxone, if not already administered by BLS personnel or if patient continues with decreased resp rate and significant ALOC <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Initial max of 2 mg ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Initial max 2 mg ○ May repeat as needed to maintain respirations greater than 12/min
Dystonic Reaction <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 50 mg 	Dystonic Reaction <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 1 mg/kg <ul style="list-style-type: none"> ▪ Max 50 mg
Base Hospital Orders only	
Tricyclic Antidepressant Overdose <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg 	Tricyclic Antidepressant Overdose <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg
Beta Blocker Overdose <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available 	Beta Blocker Overdose <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available
Calcium Channel Blocker Overdose <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10 mg if available 	Calcium Channel Blocker Overdose <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available
Stimulant/Hallucinogen Overdose <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg 	Stimulant/Hallucinogen Overdose <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg
ED Physician Order Only: Ondansetron	
Consult with ED Physician for further treatment measures	
Additional Information: <ul style="list-style-type: none"> • Refer to VCEMS Policy 705.17-Nerve Agent Poisoning for nerve agent exposure treatment guidelines. • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERING (Consult with ED Physician) • Narcan – it is not necessary that the patient be awake and alert. Administer until max dosage is reached <u>or</u> RR greater than 12/min. When given to chronic opioid patients, withdrawal symptoms may present. IM dosing is the preferred route of administration. <ul style="list-style-type: none"> ○ If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg every 2-3 minutes. 	

Effective Date: June 1, 2018
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VCEMS Medical Director