

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.17 Page: 1 of 2
Subject:	Basic Life Support (BLS) Protocols INGESTION/POISONING	
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. TREATMENT

- A. ABCs – Assessment and treatment.
- B. Oxygen low flow 6 liters/minute nasal cannula. 2 liters/minute via nasal cannula if history of COPD. Oxygen high flow 15 liters/min. non-rebreathing mask if patient is unstable.

Support respiration if hypoventilation.
- C. Position on side if altered mental status (except in hydrocarbon or caustic ingestion – position with head up).
- D. Skin contact with toxic agent: If powder substance, brush off first, then wash off. Otherwise, wash copiously with water after removing clothing. Be careful of exposure to rescuers.
- E. Locate containers or types of substance and bring to hospital for identification, if safe to handle.
- F. STAT transport.
- G. Contact Base Hospital for specific advice if needed.
- H. Do not allow patient to take their own ipecac unless specifically advised by base hospital.

II. SPECIAL CONSIDERATIONS

- A. Assessment – Be suspicious of possible Haz Mat incidents, airway, lung sounds, mental status, pupils, oral burns, gag reflex, odors, track marks, pill bottles, drug paraphernalia, possible carbon monoxide.
- B. Hazmats - If Haz Mat, be careful not to expose rescuers. Advise dispatch immediately.

Approved By: EMS Division Manager	Signatures on File at EMS Agency	Revision: 04/19/2005
EMS Medical Director	Signatures on File at EMS Agency	

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- C. If eye contamination, wash for at least 20 minutes with normal saline or water. Hold eyelids open.
- D. Transport lights/siren for patients in shock, unmanageable airway, deteriorating mental status or serious ingestion with potential for rapid deterioration.
- E. In caustic ingestions, do not give anything by mouth.
- F. Cholinergic crisis consists of bradycardia, salivation, tearing, urination, defecation, sweating, twitching, abdominal cramps, pinpoint pupils, and may smell like pesticides. This progresses to coma with hypoxia due to excess bronchial secretions.
- G. Information gathered at the scene may be very valuable for correct diagnosis and directing therapy. Bring all medication bottles to hospital. However, do not delay transport of a potentially unstable patient for prolonged questioning and/or search for containers.
- H. Do not contact Poison Control directly. Contact the Base Hospital. The Base Hospital will consult with Poison Control if necessary.
- I. Continued assessment of patients with tricyclic ingestions is very important. These patients can deteriorate rapidly.