

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.20
Subject	Paramedic Treatment Protocols INGESTIONS/POISONING	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if patient is unstable. Refer to EMS Policy #530.02.
4. Monitor	Treat rhythm if appropriate.
5. IV Access	LR TKO – Standard Tubing/Saline lock
6. Transport	Minimize on scene time. STAT transport if patient is unstable.
7. Contact Hospital	Per EMS Policy #530.02.
9. Haz Mat Incidents	Initiate decontamination. Refer to Special Considerations and EMS Policy #690.

BASE HOSPITAL ORDERS	
*1. Sodium Bicarbonate	1 mEq/kg IVP over 2 minutes ONLY if suspected tricyclic antidepressant ingestion and life-threatening dysrhythmia, QRS interval greater than 0.12, BP less than 80 with signs and symptoms of shock, or seizures.

BASE HOSPITAL ORDERS CONTINUED ON NEXT PAGE

Approved By	Daniel J. Lynch (Signature on File at EMS Agency) Jim Andrews, M.D. (Signature on File at EMS Agency)	Revision
EMS Division Manager		06/01/2019
EMS Medical Director		

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BASE HOSPITAL ORDERS

*2. ATROPINE	<p>2 MG IV EVERY 5 MINUTES AS NEEDED, WITH SIGNS AND SYMPTOMS OF CHOLINERGIC CRISIS WITH HISTORY OF ORGANOPHOSPHATE POISONING. IF NO RESPONSE TO 2 MG INCREMENTS, INCREASE DOSAGE TO 5 MG EVERY 5 MINUTES.</p> <p>SIGNS OF CHOLINERGIC CRISIS BUT QUESTIONABLE HISTORY: SAME AS ABOVE EXCEPT USE TEST DOSE OF 0.5 MG BEFORE LARGE DOSE.</p>
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SPECIAL CONSIDERATION AND PRIORITIES

1. 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.
2. If Haz Mat, be careful of exposure to rescuers.
3. In Haz Mat with skin contact, under direction of Incident Commander and Base Hospital, initiate decontamination at the scene. Remove contaminated clothing and wash copiously with water. If contamination is with powders, carefully brush powders off first, then wash off.
4. If eye contamination, wash for at least 20 minutes with normal saline, lactated ringers, or water. Hold eyelids open.
5. Transport lights/siren for patients in shock, life-threatening dysrhythmias, unmanageable airway, deteriorating mental status or serious ingestion with potential for rapid deterioration.
6. In caustic ingestions, do not give anything by mouth.
7. 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.

A rough end point of atropine treatment in cholinergic crisis is control of abdominal cramps in the awake patient and control of bronchial secretions in the comatose patient.
8. 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.
9. Do not contact Poison Control directly. Contact the Base Hospital. The Base Hospital will consult with Poison Control if necessary.
10. Continued assessment of patients with tricyclic ingestions is very important. These patients can deteriorate rapidly.