



Drug Overdose / Poisoning Thinking Points

Critical Thinking Elements:

- Overdose patient should not be allowed to refuse treatment and transport, contact medical control if necessary.
- **DO NOT** give a suspected poisoning patient anything by mouth.
- Caustic substances are those which have strong acid or alkali properties and usually cause intra-oral burns, painful swallowing or burning/painful regurgitation.
 - **Common acids:** Hydrochloric Acid (swimming pool, toilet bowl cleaners), Sulfuric Acid (battery acid), Acetic Acid and Phenol.
 - **Common Bases (Alkali):** Lye (washing powders and paint removers), drain pipe cleaners (Drano), disk batteries, bleach, ammonia, polishes, dyes, and jewelry cleaners.
- Patients who overdose on TCAs may initially appear well but may **rapidly** deteriorate. Monitor closely for ALOC and cardiovascular instability. Tachycardia and a widened QRS complex are generally signs of life-threatening ingestion.
- **Common TCAs:** Amitriptyline, Elavil, Doxepin, Imipramine, Clomipramine, etc.
- Narcotic and benzodiazepine overdoses do not generally cause abrupt changes in consciousness except when combined with alcohol use.
- **Common Benzodiazepines:** Valium, Diazepam, Ativan, Lorazepam, Xanax, etc.

Poisoning may occur by ingesting, injecting, inhaling or absorbing a harmful substance or a substance in harmful quantities. Due to the magnitude and multiplicity of agents that are toxic or could be used as toxins, this protocol focuses on a general approach to the patient who has taken an overdose or has been exposed to a toxic agent.

Consider contacting Poison Control
Poison Control Center: 800-222-1222

The substance container may have vital information for resuscitation of a poisoned patient. Therefore it should be brought to the hospital if possible however; if doing so would cause harm to care providers then it shall remain at the scene. Communication with Medical Control is the best way to obtain rapid and accurate advise on treatment guidelines for specific substances.

Organophosphates

Common Organophosphate Pesticides:

Azodrin (Bilobran, Crisodrin, Monocron)
Bidrin
Clorhion (dicapthon, Isochlorothion)
Dicapthon (clorhion)
Dipterix (trichlorform)
Malathion
Parathion
TEPP (tetra ethyl pyrophosphate, diphosphoric acid)
Thimet (Phorate, granutox, rampart, timet)
Trithion (Carbophenothion, acarithion, garrathion)

Try to obtain the MSDS sheet, and take a digital picture of the container, if available.

Use Emergency Response Guide to help identify material.

Stay out of the Hot zone, unless properly trained.

Consider possible scene and patient contamination. Wear protective clothing. Remove all of the patient's clothing as exposure is most often from clothing. Ensure the patient has been decontaminated prior to placement in the ambulance and transport. Patient will have profuse fluid loss from SLUDGE. **SLUDGE** is a mnemonic for the pathological effects indicative of massive discharge of the parasympathetic nervous system.

Salivation: stimulation of the salivary glands

Lacrimation: stimulation of the lacrimal glands

Urination: relaxation of the internal sphincter muscle of urethra, and contraction of the detrusor muscles

Defecation: relaxation of the internal anal sphincter

Gastrointestinal upset: Smooth muscle tone changes causing gastrointestinal problems, including diarrhea

Emesis: Vomiting