

POISONING (P50)

Includes: Caustic Corrosives (alkalis, acids, oxidizers), Petroleum Distillates, and Organophosphates.

In the event of a release of nerve agents or organophosphates, notify dispatch to request the MHOAC order CHEMPACK.

NOTE: DO NOT INDUCE VOMITING

ALL POISONINGS	F	E	O	P	D
PROTECT FROM CONTAMINATION	X	X	X	X	
DECONTAMINATION:					
- Remove contaminated clothing. - If agent is dry, brush off. If agent is liquid, flush copiously with water. - If the eyes are contaminated flush with saline for at least 20 minutes.	X	X	X	X	
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilation with appropriate airway adjuncts. Observe for airway burns.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
*OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
ONDANSETRON: 0.15 mg/kg up to a maximum of 4 mg IM/IO/IV for a child over 6 months of age, or 4 mg Oral Disintegrating Tablet (ODT) for a child over 26 kg.				X	
CARBON MONOXIDE					
OXYGEN: 15 – LPM via non-rebreather or BVM.	X	X	X	X	
ORGANOPHOSPHATES					
ATROPINE: 0.05 mg/kg increments slow IV/IO/IM. Repeat every 5 minutes as needed to control secretions, bradycardia, bronchorrhea, and dysrhythmia.				X	
MIDAZOLAM: Do not delay for IV/IO access.					
- IM/IN: 0.2 mg/kg up to 10 mg every 5 minutes until seizure stops, max total dose 20 mg. - IV/IO: 0.1 mg/kg up to 5 mg every 2 minutes until seizure stops or max total dose 10 mg.				X	
NASOGASTRIC TUBE: suction gastric contents – only if patient has SGA and oral ingestion has occurred within 60 minutes.				X	
PETROLEUM DISTILLATES					
NASOGASTRIC TUBE: suction gastric contents – only if patient has SGA and oral ingestion has occurred within 60 minutes. For PO Ingestion Only.					X

* Use oxygen with caution near any hazardous materials

EFFECTIVE: November 1, 2023

Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required

CARBON MONOXIDE

- Carbon monoxide is an odorless, colorless, tasteless toxic gas. Carbon monoxide poisoning is easily misdiagnosed as flu-like symptoms, fatigue, or other general complaints. Common sources of carbon monoxide include motor vehicles, structure and wildland fires, gas-powered machines operating in closed spaces, improperly functioning wood-burning stoves, heaters, or furnaces, and industrial sites. Untreated carbon monoxide may result in short and long-term health consequences.
- Refer to BURNS P80 and TRAUMA and TRAUMATIC SHOCK A82 as indicated,

CAUSTIC CORROSIVES

- **Alkalis:** sodium hydroxide (caustic soda), drain cleaners, potassium hydroxide, ammonium hydroxide (fertilizers), lithium hydroxide (photographic chemicals, alkaline batteries), calcium hydroxide (lime).
- **Acids:** hydrofluoric acid (which may have a delayed onset of symptoms), sulfuric acid (battery acid), hydrochloric acid.
- **Oxidizers:** bleach, potassium permanganate.
- Refer to BURNS P80 and TRAUMA and TRAUMATIC SHOCK A82 as indicated.

ORGANOPHOSPHATE

- May cause bronchospasm, an increase in pulmonary and nasal secretions, constricted pupils, vomiting, diarrhea, urinary incontinence, diaphoresis, and cardiac dysrhythmias including both bradycardia and AV blocks.
- Remember the most spectacular signs by the following mnemonic: (**S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astric upset, **E**mesis and **M**iosis - **SLUDGEM**.)
- Other useful mnemonics are, "**MUDDLES**:" **M**iosis, **U**rination, **D**efecation, **D**iaphoresis, **L**acrimation, **E**mesis, **S**alivation; and "**DUMBBELS**": **D**iarrhea, **U**rination, **M**iosis/muscle weakness, **B**ronchorrhea, **B**radycardia, **E**mesis, **L**acrimation, **S**alivation/sweating.

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