

OVERDOSE (P51)

NOTE: DO NOT INDUCE VOMITING

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: defer SGA until after naloxone administration then consider if GCS < 8 and not rapidly improving.				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	
ACTIVATED CHARCOAL: 1 g/kg, maximum 50 g po if patient's GCS is 15 or via NG only if patient is intubated and oral ingestion has occurred within 60 minutes. (FOR OVERDOSE VIA INGESTION ONLY).				X	
NASOGASTRIC TUBE: suction gastric contents only if patient is intubated and oral ingestion has occurred with 60 minutes. (FOR OVERDOSE VIA INGESTION ONLY).				X	
TRICYCLIC ANTIDEPRESSANTS					
SODIUM BICARBONATE - 1 mEq/kg slow IV push for cardiac dysrhythmia or QRS complex wider than 0.10 seconds. Repeat as necessary. 0-2 yo: dilute to 4.2% concentration by 1:1 with sterile water. Label syringe 4.2% Sodium Bicarbonate.				X	
**MIDAZOLAM: for Status Seizures. Do not delay for IV/IO access. - IM/IN: 0.2 mg/kg up to 10 mg. May repeat if seizure continues every 5 minutes, 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	
NARCOTICS – SEDATIVES					
NALOXONE: one spray pre-packaged IN (typically 2 – 4 mg) for respiratory depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in alternating nostrils, to a total of 12 mg. Consider alternate cause of obtundation/respiratory depression if ineffective.		X	X	X	
NALOXONE: 0.1 mg/kg IV/IO/IM/IN for respiratory depression if opioid overdose is suspected. Max single dose 2 mg. May repeat every 5 minutes, to a total maximum 12 mg.				X	

***Administer fluid boluses with caution due to the high incidence of pulmonary edema in tricyclic overdose patients.**

****Most tricyclic overdose seizures are short lived and do not require the administration midazolam.**

Tricyclic antidepressants include: Amitriptyline (Elavil, Endep, Emitrip, Enovil), Amoxapine (Asendin), Clomipramine (Anafranil), Desipramine (Norpramin, Pertofrane), Doxepin (Adapin, Sinequan), Imipramine (Janimine, Tipramine, Tofranil, Tofranil-PM), Maprotiline (Ludiomil), Nortriptyline (Pamelor, Aventyl), Protriptyline (Vivactil), Trimipramine (Surmontil)

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