# Overdose

| ADULT | PEDIATRIC |
|---|---|
| **BLS Procedures** | |
| Decontaminate if indicated and appropriate<br><br>Administer oxygen and support ventilations as indicated<br><br>Suspected opioid overdose with respirations less than 12/min and significant ALOC:<br>• **Naloxone**<br>o IN – 4 mg in 0.1 mL, may repeat X 1, Max of 8 mg<br>o IM – 2 mg, may repeat X 1, Max of 4 mg | |
| **ALS Standing Orders** | |
| IV/IO access<br><br>Suspected opioid overdose with respirations less than 12/min and significant ALOC<br>• **Naloxone, if not already administered by BLS personnel or if patient continues with decreased resp rate and significant ALOC**<br>o IN – 4 mg in 0.1 mL, may repeat x1, Max of 8 mg<br>o IM – 2 mg q 5 min<br>o IV/IO – 0.4 mg q 1min<br>• Initial max 6 mg<br>o May repeat as needed to maintain respirations greater than 12/min<br>Dystonic Reaction<br>• **Benadryl**<br>o **IV/IO/IM – 50 mg** | IV/IO access<br><br>Suspected opioid overdose with respirations less than 12/min and significant ALOC:<br>• **Naloxone, if not already administered by BLS personnel or if patient continues with decreased resp rate and significant ALOC**<br>o IM – 0.1 mg/kg<br>• Initial max of 2 mg<br>o IV/IO – 0.1 mg/kg<br>• Initial max 2 mg<br>o May repeat as needed to maintain respirations greater than 12/min<br>Dystonic Reaction<br>• **Benadryl**<br>o **IV/IO/IM – 1 mg/kg**<br>▪ **Max 50 mg** |
| **Base Hospital Orders only** | |
| Tricyclic Antidepressant Overdose<br>• **Sodium Bicarbonate**<br>o IV/IO – 1 mEq/kg<br>Beta Blocker Overdose<br>• **Glucagon**<br>o IV/IO – 2 mg<br>• May give up to 10mg if available<br>Calcium Channel Blocker Overdose<br>• **Calcium Chloride**<br>o IV/IO – 1 g over 1 min<br>• **Glucagon**<br>o IV/IO – 2 mg<br>• May give up to 10 mg if available<br>Stimulant/Hallucinogen Overdose<br>• **Midazolam**<br>o IV/IO – 2 mg<br>• Repeat 1 mg q 2 min as needed<br>• Max 5 mg<br>o IM – 0.1 mg/kg<br>• Max 5 mg | Tricyclic Antidepressant Overdose<br>• **Sodium Bicarbonate**<br>o IV/IO – 1 mEq/kg<br>Beta Blocker Overdose<br>• **Glucagon**<br>o IV/IO – 0.1 mg/kg<br>• May give up to 10 mg if available<br>Calcium Channel Blocker Overdose<br>• **Calcium Chloride**<br>o IV/IO – 20 mg/kg over 1 min<br>• **Glucagon**<br>o IV/IO – 0.1 mg/kg<br>• May give up to 10 mg if available<br>Stimulant/Hallucinogen Overdose<br>• **Midazolam**<br>o IM – 0.1 mg/kg<br>• Max 5 mg |
| **ED Physician Order Only: Ondansetron**<br>Consult with ED Physician for further treatment measures | |
| Additional Information:<br>• Refer to VCEMS Policy 705.17-Nerve Agent Poisoning for nerve agent exposure treatment guidelines.<br>• If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERING (Consult with ED Physician)<br>• Narcan – it is not necessary that the patient be awake and alert. Administer until max dosage is reached **or** RR greater than 12/min. When given to chronic opioid patients, withdrawal symptoms may present. IM dosing is the preferred route of administration.<br>o If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg every 2-3 minutes. | |

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VCEMS Medical Director