Overdose	
ADULT	PEDIATRIC
BLS P	rocedures
Decontaminate if indicated and appropriate	
Administer oxygen and support ventilations as indicated	
Suspected opioid overdose with respirations less than 12/min and	significant ALOC:
 Naloxone IN – 4 mg via pre-filed nasal spray, may repeat in 3 	3 min x 1 to a total of 8 mg
 IN – 2 mg (1 mg per nostril) via nasal atomizer, ma IM – 2 mg, may repeat in 3 min x 1 to a total of 4 m 	y repeat in 3 min x 1 to a total of 4 mg
ALS Stan	ding Orders
IV/IO access	IV/IO access
Suspected opioid overdose with respirations less than 12/min and significant ALOC: • Naloxone • IV/IO – 0.5 mg • May repeat q 1 min, titrated to maintain respirations greater than 12/min	Suspected opioid overdose with respirations less than 12/min and significant ALOC: • Naloxone • IM – 0.1 mg/kg • Max single dose 2 mg • May repeat in 3 min x 1 • IV/IO – 0.1 mg/kg • Max single dose 0.5 mg • May repeat q 1 min, titrated to maintain respirations greater than 12/min
Dystonic Reaction	Dystonic Reaction (For patients \geq 6 months of age)
 Benadryl IV/IO/IM – 50 mg 	 Benadryl IV/IO/IM – 1 mg/kg Max total dose 50 mg
Stimulant/Hallucinogen Overdose	Stimulant/Hallucinogen Overdose
Midazolam	• Midazolam
 IM – 0.2 mg/kg, Max 10 mg IV / IO – 0.1 mg/kg, Max 4 mg 	 IM – 0.1 mg/kg, Max 5 mg IV / IO – 0.1 mg/kg, Max 4 mg
Base Heart	
Tricyclic Antidepressant Overdose	tal Orders Only Tricyclic Antidepressant Overdose
Sodium Bicarbonate	Sodium Bicarbonate
○ IV/IO – 1 mEq/kg	○ IV/IO – 1 mEq/kg
 Repeat 0.5 mEq/kg x 2 q 5 min Beta Blocker Overdose 	 Repeat 0.5 mEq/kg x 2 q 5 min Beta Blocker Overdose
Glucagon	Glucagon
\circ IV/IO – 2 mg	\circ IV/IO – 0.1 mg/kg
 May give up to 10mg if available 	 May give up to 10 mg if available
Calcium Channel Blocker Overdose	Calcium Channel Blocker Overdose
Calcium Chloride	Calcium Chloride
 IV/IO – 1 g over 1 min Glucagon 	 IV/IO – 20 mg/kg over 1 min Glucagon
 Glucagon IV/IO – 2 mg 	 Glucagon IV/IO – 0.1 mg/kg
May give up to 10 mg if available	May give up to 10 mg if available
Additional Information:	
 If chest pain present, refer to chest pain policy. DO NO Narcan 	GIVE ASPIRIN OR NITROGLYCERIN (Consult with ED Physician)
	ert. Titrate to maintain respirations greater than 12/min.
	on and has decreased respiratory drive, early base hospital contact base hospital contact cannot be made, naloxone should be

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DZ MO

VCEMS Medical Director