



4601

Overdose / Adverse
Reaction

Treatment Protocol

Last Reviewed: **October 4, 2022**Last Revised: **September 13, 2024**

BLS Patient Management

ALS Patient Management

- **Establish, maintain, and ensure:**

- A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
- B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
- C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- **Oxygen**

As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- Obtain and evaluate blood glucose
- Attach ECG leads to the patient when a paramedic is present
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- If able, and applicable, contact Poison Control at 1-800-222-1222

****REMSA Authorized Public Safety Personnel AND first response agency BLS providers in the absence of ALS providers – LOSOP Approval Required****

- **For respiratory depression / respiratory arrest with suspected narcotic overdose**
Naloxone **IN ONLY. MAY REPEAT ONCE.** Use REMSA approved administration device with REMSA approved pre-loaded dose.

- Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients

Consider the need for additional sites as clinically indicated

- Interpret and continuously monitor ECG, SpO₂ and waveform / digital capnography
- **For respiratory depression / respiratory arrest with suspected narcotic overdose**
Adults: Naloxone 1 mg IVP/IOP or IM/IN. **MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.**

Pediatrics: Naloxone 0.1 mg/kg IVP/IOP or IM/IN. **MAX SINGLE DOSE IS 1 mg. MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.**

- **For suspected dystonic reaction**
Adults: Diphenhydramine 50 mg slow IVP/IOP or IM. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Pediatrics: Diphenhydramine 1 mg/kg slow IVP/IOP.

****OR****

Diphenhydramine 2 mg/kg IM. **MAX SINGLE DOSE IS 50 MG. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

****LOSOP required for BLS providers****

- **For respiratory depression / respiratory arrest with suspected narcotic overdose**

Adults: Naloxone 1 mg **IN ONLY**. MAY REPEAT PRN. **TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.**

Pediatrics: Naloxone 0.1 mg/kg **IN ONLY**. **MAX SINGLE DOSE IS 0.5 MG. MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.**

- **For suspected beta blocker or calcium channel blocker overdose**

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

Adults: Calcium Chloride 1 gm IV, infuse in 50-100 mL normal saline, administer over 10 minutes.

Pediatrics: Calcium Chloride 20 mg/kg IV, infuse in 50-100 mL normal saline, administer over 10 minutes.

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

Adults: Glucagon 1 mg IVP/IOP or IM.

Pediatrics: Glucagon 50 mcg / kg, IVP/IOP or IM.

- **For altered mental status and/or dysrhythmia with suspected cyclic antidepressant overdose**

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

Adults: Sodium Bicarbonate 50 mEq slow IVP/IOP.

Pediatrics: Sodium Bicarbonate 1 mEq/kg slow IVP/IOP.