Overdose
Toxic Ingestion

History
- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, quantity
- Time of ingestion
- Reason (suicidal, accidental, criminal)
- Available medications in home
- Past medical history, medications

Signs and Symptoms
- Mental status changes
- Hypotension / hypertension
- Decreased respiratory rate
- Tachycardia, dysrhythmias
- Seizures

Differential
- Tricyclic antidepressants (TCAs)
- Acetaminophen (tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergic
- Cardiac medications
- Solvents, Alcohols, Cleaning agents
- Insecticides (organophosphates)

Legend
- MR
- B
- I
- P
- M

Universal Patient Care Protocol

Cardiac Monitor
12 Lead ECG
IV Protocol
Consider Charcoal if patient alert
Sodium Bicarbonate if Tachycardia or QRS Widening
Consider Chest Pain Protocol

Respiratory depression

Naloxone
Notify Destination or Contact Medical Control

Organophosphates
Carbamates

If Available
Nerve Agent Antidote Kits
No Max Dose
Atropine
Pralidoxime (2PAM)

Notify Destination or Contact Medical Control

Other

Hypotension, Seizures, Ventricular dysrhythmias, or Mental status changes
Notify Destination or Contact Medical Control

Appropriate Protocol

Pearls
- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro
- Do not rely on patient history of ingestion, especially in suicide attempts. Make sure patient is still not carrying other medications or has any weapons.
- Tricyclic: 4 major areas of toxicity: seizures, dysrhythmias, hypotension, decreased mental status or coma; rapid progression from alert mental status to death.
- Acetaminophen: initially normal or nausea/vomiting. If not detected and treated, causes irreversible liver failure
- Aspirin: Early signs consist of abdominal pain and vomiting. Tachypnea and altered mental status may occur later. Renal dysfunction, liver failure, and or cerebral edema among other things can take place later.
- Depressants: decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils
- Stimulants: increased HR, increased BP, increased temperature, dilated pupils, seizures
- Anticholinergic: increased HR, increased temperature, dilated pupils, mental status changes
- Cardiac Medications: dysrhythmias and mental status changes
- Solvents: nausea, coughing, vomiting, and mental status changes
- Insecticides: increased or decreased HR, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils
- Consider restraints if necessary for patient's and/or personnel's protection per the Restraint Procedure.
- Nerve Agent Antidote kits contain 2 mg of Atropine and 600 mg of pralidoxime in an autoinjector for self administration or patient care. These kits may be available as part of the domestic preparedness for Weapons of Mass Destruction.
- Consider contacting the North Carolina Poison Control Center for guidance.