

Field Treatment

1. Basic airway
2. Oxygen/pulse oximetry prn

Note: ①

3. Advanced airway prn
4. Cardiac monitor prn/document rhythm and attach EKG strip
5. Venous access prn/blood glucose test prn
6. If hypotension, use **NONTRAUMATIC HYPOTENSION M8** guideline

ALERT AND ORIENTED

7. Reassess for potential deterioration

ALTERED LOC

7. If hypoventilation or suspicion of narcotic overdose exists, **naloxone 0.8-2mg** IVP or 2mg IM/IN titrated to adequate respiratory rate and tidal volume. If partial response noted to initial dose, repeat **naloxone 0.8-2mg IVP or 2mg IM/IN** every 5 minutes.
① ②
8. If blood glucose <60mg/dl or <80mg/dl (if known diabetic) administer **dextrose 50% 50ml** slow IVP. If unable to establish venous access, administer **glucagon 1mg IM**. If patient awake and alert, consider an oral glucose preparation.

☞ May repeat one time.

 ☞ See **Color Code Drug Doses/ L.A. County Kids** ③

Note: ②③

Drug Considerations

Naloxone:

- ① Alternate routes: IM/IN

 Pediatrics: See **Color Code Drug Doses/ L.A. County Kids**

- ② **Naloxone** 0.1 mg/kg IVP/IM/IN


③ Dextrose:

0-2 years of age – 2ml/kg of dextrose 25% IVP

If >2 years or >40 kg – 1ml/kg of dextrose 50% IVP

Special Considerations

- ① If narcotic overdose, consider venous access and naloxone prior to advanced airway.

 ② If blood glucose remains <60mg/dl or <80mg/dl and unable to establish venous access, may repeat glucagon 1mg IM (adult and pediatric).

- ③ Follow appropriate dysrhythmia protocol if identified.

- ④ Drugs to consider for specific history:
 - ✓ Calcium channel blocker – **calcium chloride 500-1000mg** slow IVP
 - ✓ Tricyclic with dysrhythmia or hypotension – **sodium bicarbonate 1mEq/kg** IVP and see appropriate dysrhythmia guideline.

M9

OVERDOSE/POISONING (Suspected)