

# HEALTHEAST MEDICAL TRANSPORTATION

## MEDICAL OPERATIONS MANUAL

### 3K OVERDOSE

#### PATIENT CARE GOALS

- Ensure adequate airway, breathing, and circulation, and monitor closely for changing level of consciousness and vital signs.
- Identify the type overdose substance.
- Provide specific treatments and antidotes, if available.

#### EMT

1. Assess the patient and provide initial care, including oxygen and vascular access, per **1B General Assessment and Care**.
2. If there is a significant delay in transporting the patient, obtain information about the substance(s) involved from Medical Control or a Poison Control service.<sup>1</sup>
  - Medical Control may order treatments specific to the substance(s), route, and quantities involved.
3. Measure blood glucose level if level of consciousness is altered, and treat hypoglycemia per **3G Hypoglycemia**.

#### PARAMEDIC

ADULT	PEDIATRIC (less than 60 kg)
<p><b><u>For symptomatic narcotic overdose</u></b> (e.g., Heroin, Methadone, Fentanyl, Oxycontin)</p> <ol style="list-style-type: none"><li>1. Administer <b>naloxone (Narcan)</b><ul style="list-style-type: none"><li>• <b>2 mg IN, repeat every 2-5 minutes as needed</b> to ensure adequate respirations without restoring full consciousness.<sup>2</sup></li></ul></li></ol> <p><b>AND/OR</b></p> <ul style="list-style-type: none"><li>• <b>0.5 mg IV/IO/IM slowly, repeated every 2-5 minutes as needed</b> to ensure adequate respirations without restoring full consciousness.<sup>2</sup></li></ul>	<p><b><u>For symptomatic narcotic overdose</u></b> (e.g., Heroin, Methadone, Fentanyl, Oxycontin)</p> <ol style="list-style-type: none"><li>1. Administer <b>naloxone (Narcan)</b><ul style="list-style-type: none"><li>• <b>0.01 mg/kg IN, repeated every 2-5 minutes as needed</b> to ensure adequate respirations without restoring full consciousness.<sup>2</sup></li></ul></li></ol> <p><b>AND/OR</b></p> <p><b>0.01 mg/kg IV/IO/IM, repeated every 2-5 minutes as needed</b> to ensure adequate respirations without restoring full consciousness.<sup>2</sup></p>
<p><b><u>For tricyclic antidepressant overdose</u></b> (e.g., Amitriptyline, Doxetine, Nortriptyline)</p> <ol style="list-style-type: none"><li>1. Administer <b>sodium bicarbonate up to 1 mEq/kg IV/IO</b> if the patient displays hypotension, heart block, widened QRS, sine wave QRS, tachycardia &gt; 120 beats per</li></ol>	<p><b><u>For tricyclic antidepressant overdose</u></b> (e.g., Amitriptyline, Doxetine, Nortriptyline)</p> <ol style="list-style-type: none"><li>1. Administer <b>sodium bicarbonate up to 1 mEq/kg IV/IO</b> if the patient displays hypotension, heart block, widened QRS, sine wave QRS, tachycardia &gt; 120 beats per</li></ol>

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ADULT	PEDIATRIC (less than 60 kg)
<p>minute, frequent unifocal or multifocal PVCs, or seizures.</p> <p><b><u>For beta-blocker overdose</u></b><sup>3</sup> (e.g., Atenolol, Metoprolol, Propranolol)</p> <ol style="list-style-type: none"> <li>Administer <b>atropine 1 mg IV/IO</b> every 10 minutes as needed for symptomatic bradycardia</li> <li>Administer <b>glucagon hydrochloride (Glucagon) 4 mg IV/IO</b> every 10-15 minutes if the patient displays hypotension, heart block, widened QRS, or symptomatic bradycardia.</li> </ol> <p><b><u>For calcium channel blocker overdose</u></b> (e.g., amlodipine, verapamil, diltiazem)</p> <ol style="list-style-type: none"> <li>Administer <b>calcium chloride 500 mg IV/IO</b> or <b>calcium gluconate 1500 mg IV/IO</b> slowly every 10-15 minutes if the patient displays hypotension, heart block, widened QRS, or bradycardia &lt; 60 beats per minute.</li> </ol>	<p>minute, frequent unifocal or multifocal PVCs, or seizures.</p> <p><b><u>For beta-blocker overdose</u></b><sup>3</sup> (e.g., Atenolol, Metoprolol, Propranolol)</p> <ol style="list-style-type: none"> <li>Administer <b>atropine 0.01 mg/kg</b> (minimum dose 0.1 mg, maximum dose 1 mg) every 10 minutes as needed for symptomatic bradycardia.</li> <li>Administer <b>glucagon hydrochloride (Glucagon) 0.1 mg/kg IV/IO</b> every 10-15 minutes if the patient displays hypotension, heart block, widened QRS, or symptomatic bradycardia</li> </ol> <p><b><u>For calcium channel blocker overdose</u></b> (e.g., amlodipine, verapamil, diltiazem)</p> <ol style="list-style-type: none"> <li>Administer <b>calcium chloride 20 mg/kg IV/IO</b> or <b>calcium gluconate 60 mg/kg IV/IO</b> slowly every 10-15 minutes if the patient displays hypotension, heart block, widened QRS, or bradycardia &lt; 60 beats per minute.</li> </ol>

## DOCUMENTATION KEY POINTS

- Identification of substance.
- Indications and statements of patient intent involving the exposure.
- Rational for and response to specific antidote administration.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

## NOTES

<sup>1</sup> When contacting **Poison Control (1-800-222-1222)** have the following information available:

- Name, age and weight of patient.
- Description of symptoms.
- Health history of the patient.
- The EXACT name of the product, as displayed on the label (if available).
- The size of the container.

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- The strength or concentration of the product.
- The amount of product or medication involved in the exposure.
- When the exposure occurred and how long the exposure lasted.
- The name of the hospital where the patient will be transported.

<sup>2</sup> **Naloxone (Narcan)** in the field, is used to restore respirations in the patient with apnea or significant hypoventilation, to the point that intubation will not be necessary. Avoid full narcotic reversal, which may necessitate patient restraint and/or treatment of narcotic withdrawal.

<sup>3</sup> For beta-blocker overdose, the dosage of **glucagon hydrochloride (Glucagon)** needed will likely exceed the amount available. Consider calling for a supervisor or another ambulance so additional doses may be obtained prior to transport. Also consider early notification of the receiving hospital to allow them enough time to obtain a sufficient amount of the medication prior to patient arrival.