

## **MEDICAL EMERGENCIES M-6 / POISONS / DRUGS**

### **PRIORITIES:**

- Approach patients after assessing appropriate safety for personnel.
- ABCs.
- Determine type, amount, time of material absorbed by patient.
- Being careful not to contaminate yourself and others, remove contaminated clothing, brush off powders, wash off liquids.
- Bring in the container and/or label.
- Early transport.
- **EARLY CONTACT OF RECEIVING HOSPITAL.**

**Effective  
6/15/12019**

**Review  
6/15/2021**

### **PATIENT TREATMENT GUIDELINES**

- Stabilize airway;
- **OXYGEN Therapy** – use appropriate adjuncts;
- Cardiac monitor;
- IV Access TKO, if hypotensive, give 250cc fluid bolus; recheck vital signs and continue boluses until systolic BP > 100;
- **Treat specific Ingestions/exposures according to treatment guidelines on next pages.**
- Transport patient as early as possible.

### **DISRUPTED COMMUNICATIONS**

**In the event of a “disrupted communications” situation, the EMT-P in Solano County may utilize all portions of this treatment protocol without Base Hospital contact as is needed to stabilize an immediate patient.**

**MEDICAL EMERGENCIES**  
**M-6 / POISONS / DRUGS**  
**M 6 - 1 / POISONS / DRUGS - SPECIFIC TREATMENTS**

<p><b>ORGANIPHOSPHATES</b></p> <ul style="list-style-type: none"> <li>➤ <b>ATROPINE</b> 0.5 – 2.0 mg slow IVP initially. If no tachycardia or pupil dilation, use larger doses to control secretions and bronchospasm. May repeat doses of 2 - 4 mg IVP every 3 – 10 minutes as needed.</li> <li>➤ TREAT SEIZURES PER PROTOCOL.</li> </ul> <p>Usually formulated as insecticides, these substances cause cholinergic crises characterized by bradycardia, increased salivation, lacrimation and sweating, muscle fasciculations, abdominal cramping, pinpoint pupils, incoherence or coma.</p>	<p><b>CAUSTICS &amp; CORROSIVES</b></p> <ul style="list-style-type: none"> <li>➤ Do <b>NOT</b> induce vomiting;</li> <li>➤ Contact Base hospital or Poison Control Center and consider milk or water.</li> </ul> <p>EXAMPLES:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <p><b>ALKALI (Bases)</b></p> <ul style="list-style-type: none"> <li>Sodium Hydroxide</li> <li>Drain Cleaners (Drano)</li> <li>Clinitest tablets</li> <li>Potassium Hydroxide (KOH)</li> <li>Ammonium hydroxide (fertilizer)</li> <li>Lithium Hydroxide (photo, chemicals, batteries)</li> <li>Calcium Hydroxide (lime)</li> </ul> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><b>ACIDS</b></p> <ul style="list-style-type: none"> <li>Sulfuric Acid</li> <li>Hydrochloric Acid</li> </ul> <p><b>OXIDIZERS</b></p> <ul style="list-style-type: none"> <li>Bleach</li> <li>Potassium Permanganate</li> </ul> </td> </tr> </table> <p>Ingestion of these substances often causes intra-oral burns, painful swallowing or inability to handle secretions.</p>	<p><b>ALKALI (Bases)</b></p> <ul style="list-style-type: none"> <li>Sodium Hydroxide</li> <li>Drain Cleaners (Drano)</li> <li>Clinitest tablets</li> <li>Potassium Hydroxide (KOH)</li> <li>Ammonium hydroxide (fertilizer)</li> <li>Lithium Hydroxide (photo, chemicals, batteries)</li> <li>Calcium Hydroxide (lime)</li> </ul>	<p><b>ACIDS</b></p> <ul style="list-style-type: none"> <li>Sulfuric Acid</li> <li>Hydrochloric Acid</li> </ul> <p><b>OXIDIZERS</b></p> <ul style="list-style-type: none"> <li>Bleach</li> <li>Potassium Permanganate</li> </ul>
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<p><b>PETROLEUM DISTILLATES</b></p> <ul style="list-style-type: none"> <li>➤ In general these should not be treated in the field except with supportive measures;</li> <li>➤ Vomiting should <b>NOT</b> be induced.</li> </ul>	<p><b>PHENOTHIAZINE REACTIONS</b></p> <ul style="list-style-type: none"> <li>➤ Reassurance;</li> <li>➤ <b>DIPHENHYDRAMINE</b> 25mg IV or 50mg IM.</li> </ul> <p>Characterized by restlessness, muscle spasms of the neck, jaw and back, oculogyric crisis, history of ingestion of phenothiazines (or “some pills a friend gave them”).</p>		

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**MEDICAL EMERGENCIES**  
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**M 6 – 2 / POISONS/DRUGS - SPECIFIC TREATMENTS**

**TRICYCLIC ANTIDEPRESSANTS**

- For life-threatening dysrhythmias - hemodynamically significant supraventricular rhythms and ventricular dysrhythmias:
  - Hyperventilation if assisting ventilations or if intubated, or an advanced airway is used;
  - **SODIUM BICARBONATE** 1 meq/kg slow IVP.
- TREAT SEIZURES PER PROTOCOL.

These are substances which cause anticholinergic crisis characterized by altered mental status ("mad as a hatter"), fever ("hot as hell"), dilated pupils ("blind as a bat"), flushed skin ("red as a beet"), dry mucous membranes ("dry as a bone"). Frequently associated with respiratory depression, almost always accompanied by tachycardia. Widened QRS complexes and associated arrhythmias are generally signs of a life-threatening ingestion.

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