

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

POISONING/OVERDOSE

FIRST RESPONDER

I. Management of Bites and Stings

- A. Establish and maintain the airway, provide oxygenation and support ventilation with BVM-OPA/NPA as needed.
- B. Obtain vital signs(blood pressure, pulse and respiratory rate)
- C. Human Bites
 - 1. Provide appropriate wound care management.
 - 2. Consider splinting extremity.
- D. Spiders, Snakes and Scorpions
 - 1. Protect rescuers. Bring in spider, snake or scorpion if captured and contained or if dead for accurate identification. **Use caution around dead snake.**¹
 - 2. Ice for comfort on spider or scorpion bite; **DO NOT apply ice to snake bites.**
 - 3. Consider splinting extremity.
 - 4. For snakebite, consider applying venous constricting band. This should be no tighter than a watchband.
- E. Bees and Wasps
 - 1. Remove sting mechanism from honeybees only by scraping out. **DO NOT** squeeze venom sac if this remains on stinger.
 - 2. Provide wound care.
 - 3. Observe patient for signs of systemic allergic reaction. Refer to **ALLERGIC REACTION/ANAPHYLAXIS.**

II. Management of Toxic Exposure (including ingestion)

- A. Use proper protective equipment and prepare for decontamination, if necessary.
- B. Make aggressive attempts to try and identify the substance that the patient was exposed to.
 - 1. Sample of drug or substance and any medication or poison containers should be brought in with patient if it does NOT pose a risk to rescuers.
- C. Establish and maintain the airway, provide oxygenation and support ventilation, as needed.

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- D. Obtain vital signs(blood pressure, pulse and respiratory rate)
- E. Remove clothing exposed to chemical.
- F. Dilute toxic substance
 - 1. Noxious gas inhaled (including carbon monoxide & smoke):
 - a. Ensure high concentration of oxygen is provided.
 - 2. Eye contamination:
 - a. Irrigate continuously with Normal Saline or tap water for 15minutes or until transporting unit arrives to assume irrigation process.
 - b. For alkali exposure, maintain continuos irrigation until transporting unit arrives to assume irrigation process.
 - 3. Skin absorption
 - a. Irrigate continuously with Normal Saline, or tap water for 15minutes or until transporting unit arrives to assume irrigation process.
 - 4. Ingestion
 - a. Drug, Chemical, Plant or Mushroom
 - 1. Wear protective eye equipment.
 - 2. Arrange for ALS intercept, if not already accomplished by MedCom.
 - 3. In situations of potential ingestion or inhalation of petroleum distillates, do NOT induce vomiting. Monitor the patient's respiratory and mental status very closely.

BASIC LIFE SUPPORT

- 4. Initiate transport toward ALS intercept, if transporting unit.
- 5. If patient is alert and oriented:
 - a. If emesis; recover and save emesis. Use appropriate barriers according to universal precaution guidelines.

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NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

6. Consider early **INTUBATION** if signs of airway compromise or altered level of consciousness.
7. Monitor EKG
8. IV Normal Saline
9. Prepare to emesis; recover and save emesis
Use appropriate barriers according to universal precaution guidelines.
10. For symptomatic antidepressant ingestions²
 - a. Consider administration of **SODIUM BICARBONATE** 50 mEq IVP.
11. For extrapyramidal dystonic reactions³
 - a. Consider administration of **DIPHENHYDRAMINE** 50mg IVP.
12. For symptomatic calcium channel blocker overdose⁴
 - a. Consider **CALCIUM CHLORIDE** 500mg IVP.
13. For respiratory compromise or hemodynamic instability with narcotic overdose
 - a. Consider **NALOXONE** 2mg IVP.
14. Organophosphate Exposure (Malathion, Parathion)⁵
 - a. Consider **ATROPINE** 2mg IVP, repeated every 5 minutes until “SLUDGE” symptoms improve or as directed.

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CONTACT MEDICAL CONTROL

- G. Possible orders post radio contact:
1. Pain management per procedure as needed.

¹ It is important to remember that a snake only injects part of its venom with each bite, so it is still a dangerous threat after the first strike. A dead snake, even one with a severed head, can bite and release venom by reflex action for up to an hour after it dies.

² Symptomatic includes tachycardia, CNS depression, dilated pupils, wide complex QRS, twitching, jerking, etc.

³ Extrapramidal dystonic reaction is a response to a drug marked by uncontrolled movements, changes in muscle tone, and abnormal posture. It is occasionally seen following the administration of antipsychotic meds (Haldol, Thorazine, Mellaril) as well as certain meds used for nausea and vomiting (Phenergan, Compazine, Reglan).

⁴ Calcium channel blocker overdose may include the following symptoms: hypotension, nausea, vomiting, dizziness, heart block, bradycardia, asystole.

⁵ Organophosphate compounds are used as insecticides in residential as well as commercial agriculture. Symptoms are remembered by the mnemonic **SLUDGE**(**S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astrointestinal hypermotility, and **E**mesis).

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