

SECTION: R-1

PROTOCOL TITLE: Toxicological Emergencies

REVISED: October 15, 2014

GENERAL COMMENTS: This is a general protocol for non-specific toxicological emergencies, including altered LOC of unclear origin. When possible this protocol should supplement other, more specific protocols. Care should be used to rule out more specific causes, such as closed head injury, CVA, sepsis, and diabetic emergencies.

BLS SPECIFIC CARE:

- Scene safety:
 - Insure law enforcement is on scene for traditional overdoses
 - Wear appropriate PPE including respiratory and topical skin protection
 - Request HAZMAT for suspected toxic exposure, such as meth labs, chemical mishaps, and topical poisons
- Basic BLS assessments and V/S every 15 minutes unless unstable, then reassess and V/S every 5 minutes
- All toxicological emergencies should receive ALS evaluation, if available.
- Patients with respiratory complaint or abnormality should receive supplemental oxygen, regardless of oxygen saturation. Assist ventilations as needed
- Restraints may be used for patient and/or rescuer safety. See the *Behavioral Emergencies and Combative Patients Protocol (M-14)*.
- Monitor temperature

ILS SPECIFIC CARE:

- IV access (to a max of 3 attempts) if needed due to severity of underlying injury or illness, otherwise defer until arrival of ALS providers
 - IV: Crystalloid solution at a TKO rate. May administer 200-500 ml if S/S of dehydration or hypotension are present. Repeat as needed
 - Monitor for S/S of fluid overload

ALS SPECIFIC CARE:

- Assess and identify causes of complaints, treat as needed
- All potential overdose patients should have basic ECG assessment done
- Obtain blood glucose levels. Treat as appropriate
- Follow appropriate seizure protocol for seizure activity

PHYSICIAN PEARLS:

Many of these patients will have multiple underlying pathologies, which will pose many challenges to overcome. Patient care should be focused on recognition of risks, preventing/mitigating hyperthermia, agitated delirium, positional asphyxia, hypoxia, and physical self-harm. Provider safety is of primary importance, injuries are decreased with prudent planning and police involvement.

Comment on agents used in sedation:

- Consider using lower initial doses of sedatives when alcohol is involved

ALS Providers may decrease the dosage, or prolong the administration intervals of any medication with sedative properties when doing so would decrease adverse effects and still likely obtain the clinical goal.