

SECTION: R-07

PROTOCOL TITLE: Sedative Overdose

REVISED: November 1, 2017

GENERAL COMMENTS: This protocol includes alcohol, benzodiazepines, and GHB analog overdoses. It may include other CNS depressants as well. Patient care should be focused on supporting the airway, respiratory function, and preventing/mitigating self-harm. Of the sedatives commonly seen, GHB analogs are some of the most unpredictable and difficult to manage.

BLS SPECIFIC CARE: See adult General Toxicological Care Protocol R-1

AEMT/O.M. SPECIFIC CARE: See adult General Toxicological Care Protocol R-1

ALS SPECIFIC CARE: See adult General Toxicological Care Protocol R-1

Attempt to identify co-morbid factors and other medical issues, including poly-pharmaceutical involvement, and closed head injury.
Rule out hypoglycemia and other causes of altered mental status.

- Narcan (naloxone):
 - If concomitant opioid ingestion suspected
 - Adult:
 - IV/IO: 0.1-2 mg slowly. Repeat as needed every 1-2 minutes to a maximum of 10 mg
 - IM/IN: 2 mg (1 mg in each are if given IN.) Repeat as needed to a maximum of 10 mg
 - Pediatric:
 - IV/IO/IM: 0.1 mg/kg to a maximum single dose of 2 mg. Repeat as needed every 1-2 minutes

PHYSICIAN PEARLS:

The Sedative Toxidrome generally consists of:

- | | |
|------------------|------------------|
| • Sedation | • Dysesthesias |
| • Confusion | • Diplopia |
| • Delirium | • Blurred vision |
| • Hallucinations | • Slurred speech |
| • Coma | • Ataxia |
| • Paresthesias | • Nystagmus |

Protocol

R-07

SEDATIVE OVERDOSES