History
- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, and quantity
- Time of ingestion
- Reason (suicidal, accidental or criminal)
- Available medications in home
- Past medical history and medications

Signs and Symptoms
- Mental status changes
- Hypo or hypertension
- Decreased respiratory rate
- Tachycardia or dysrhythmias
- Seizures
- S.L.U.D.G.E.M.
- Vision impairment
- Pupillary changes

Differential
- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergics
- Cardiac medications
- Solvents, alcohols or cleaning agents
- Insecticides (organophosphates)

California Poison Control Center
(800) 222-1222

For any intentional or unintentional overdose/poisoning by any route, includes illicit substances and prescription medications, overdose and/or adverse reactions.

Adequate respiration (> 8) and oxygenation?

Yes

Blood glucose analysis
Cardiac monitor
12-Lead ECG
IV procedure
If systolic BP < 90
Normal saline bolus 500ml IV/IO
Maximum 2L
Activated charcoal if recommended by Poison Control

No

E

Appropriately manage airway

Naloxone
Naloxone is titrated to effect of adequate ventilation and oxygenation
NOT ADMINISTERED TO RESTORE CONSCIOUSNESS

O

P

If patient aggressive?

Yes

Agitated Delirium

No

Antipsychotic OD

Beta-Blocker OD

If bradycardic and symptomatic
Glucagon

Dystonic Reaction

Yes

Symptomatic Bradycardia

Notify receiving facility. Consider Base Hospital for medical direction

Tricyclic Antidepressant OD

QRS ≥ 0.12 sec, BP < 90, HR > 90, or seizure?

Yes

Sodium Bicarbonate

If symptomatic bradycardic or hypotension
Calcium Chloride

Calcium Channel Blocker OD

Effective October 2019
Overdose/Poisoning/Ingestion

For any intentional or unintentional overdose/poisoning by any route, includes illicit substances and prescription medications, overdose and/or adverse reactions. Includes organophosphate poisonings

<table>
<thead>
<tr>
<th>Toxidrome</th>
<th>Vital Signs</th>
<th>Mental Status</th>
<th>Pupils</th>
<th>Other Findings</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticholinergic (in a huge dose of atropine)</td>
<td>Hyperthermia, bradycardia, hypertension</td>
<td>Hyperirritant, agitated (mad as a hatter), hallucinating</td>
<td>Mydriasis (blind as a bat)</td>
<td>Dry flushed skin (dry as a bone, red as a beet), urinary retention</td>
<td>Antihistamines, TCAs, scopolamine, antispasmodics</td>
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<tr>
<td>Cholinergic</td>
<td>Confused, coma</td>
<td>Miosis</td>
<td>SLUDGE (Salivation, lacrimation, urination, diarrhea, GI upset, emesis)</td>
<td>Organophosphate pesticides, nerve agents, physostigmine</td>
<td></td>
</tr>
<tr>
<td>Hallucinogen</td>
<td>Hallucination, synesthesia, agitation</td>
<td>Mydriasis</td>
<td>Nystagmus</td>
<td></td>
<td>PCP, LSD, mescaline</td>
</tr>
<tr>
<td>Opioid</td>
<td>Hypothermia, bradycardia, hypotension, bradycardia</td>
<td>CNS depression, coma</td>
<td>Miosis</td>
<td>Hyporeflexia, pulmonary edema</td>
<td>Opioids (heroin, morphine, methadone, dilaudid, etc)</td>
</tr>
<tr>
<td>Sedative-Hypnotic</td>
<td>CNS depression, confusion, coma</td>
<td>Miosis</td>
<td></td>
<td></td>
<td>Benzos, barbiturates, alcohols</td>
</tr>
<tr>
<td>Serotonin Syndrome</td>
<td>Confused, agitated, coma</td>
<td>Mydriasis</td>
<td></td>
<td></td>
<td>MAODs, SSRIs, meperidene, dextromethorphan</td>
</tr>
<tr>
<td>Sympathomimetic</td>
<td>Agitatred, hyperalert, paranoia</td>
<td>Mydriasis</td>
<td></td>
<td></td>
<td>Cocaine, amphetamines, pseudoephedrine</td>
</tr>
</tbody>
</table>

**Pearls**

- Overdose or toxic ingestion patients with significant ingestion/exposures should be monitored very closely and aggressively treated as indicated. Do not hesitate to contact the Base Hospital or Poison Control for advice as certain critically ill overdose patients may quickly overwhelm medication supplies. For example, a tricyclic overdose with a wide QRS and altered mental status may need to receive multiple Sodium Bicarbonate boluses until QRS narrowing and clinical improvement. Note: Poison Control offers advice, not medical direction.
- Bring medication with the patient to the hospital.
- Tricyclic: Progression of toxicity include decreased mental status, dysrhythmias, seizures, hypotension then coma and death; onset can occur within 5 minutes.
- Acetaminophen: Initially normal or with nausea/vomiting.
- Aspirin: Early signs consist of abdominal pain and vomiting. Tachypnea and altered mental status may occur later. Renal dysfunction, liver failure or cerebral edema among other things can present later.
- Depressants: Decreased heart rate, blood pressure or temperature, decreased respirations, and non-specific pupils.
- Stimulants: Increased heart rate, blood pressure or temperature, dilated pupils, and seizures.
- Anticholinergics: Increased heart rate or temperature, dilated pupils, and mental status changes.
- Cardiac medications: Dysrhythmias and mental status changes.
- Solvents: Nausea, vomiting, coughing, and mental status changes.
- Insecticides: Increased or decreased heart rate, increased secretions, nausea, vomiting, diarrhea, and pinpoint pupils. Consider restraints if necessary for patient’s or personnel’s protection per Restraint Procedure. See Hazmat protocol for insecticide treatment.