Poison Control Contact info for Base Physicians – 1(800)404-4646
Consult with Base/Modified Base Hospital if blood glucose reading is > 60 mg/dl but hypoglycemia is suspected

ABC's
O2 prn, titrate 94%
assist with ventilations PRN
Cardiac Monitor IV/IO TKO

Adequately Ventilated? Good Gag Reflex?

YES → **Base Hospital Order Only**
Activated Charcoal 50 gm PO

NO → Assist respiration via BVM or Intubate as needed
Fluid Challenge 500 ml if SBP < 90

For specific therapy based on Indigestion or exposure please see Suggested Therapy

SUGGESTED SPECIFIC THERAPY

NARCOTIC

Inadequate Respiratory rate/volume, shallow consider:
Naloxone 2mg SIVP/IO
May give IM/IN if no IV/IO and/or SBP > 90
If no improvement, consider repeat dose x 2 q 2-3 min
(total 3 doses)
Consider: for chronic narcotic use/ terminal disease/chronic pain**:**
Dilute 1:10 with NS administer in 0.1 mg (1ml) increments – titrate to increased respiratory rate.

Do not administered if Advanced Airway placed

CALCIUM CHANNEL BLOCKERS

Calcium Chloride 10% 10 ml SIVP IV/IO
Administer no faster than 1 ml/min
ONLY if SBP < 90
May repeat q 5 minutes, total 4 doses

TRICYCLIC ANTIDEPRESSANTS

Sodium Bicarbonate 1 mEq/kg IVP/ IO
If any of the following are present:
SBP < 90
QRS > 0.12 seconds
Seizures

ORGANOPHOSPATE OR CARBAMATE PESTICIDES

Atropine 2 mg IV/IO
HR < 50
May repeat q 3 min
No max dose

BETA BLOCKERS

Atropine 1mg IV/IO
May repeat q 5 min up to 3 mg max

Glucagon 1 mg IV/IO
If no IV/IO may admin. 1 mg IM/IN

Epinephrine 1:10,000 0.1 mg (1 ml) SIVP
If SBP < 70
Repeat until SBP > 90

HYDROFLURIC ACID (HF)

Oral ingestion require immediate treatment as HF ca cause fatal hypocalcaemia

Calcium Chloride 10% 10 ml SIVP IV/ IO
Administer no faster than 1 ml/min
If signs of hypocalcaemia