

Effective Date : September 1, 2018

Last Review: October 3, 2011

Next Review: September 2021

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Known or suspected drug overdose, poisoning, or accidental ingestion. Common symptoms include weakness/dizziness, mild confusion, syncope, unconsciousness, bradycardia, hypotension, arrhythmias/widening QRS and seizures.

Beta Blockers-Metoprolol/Lopressor/Troprol, Labetalol/Esmolol, Carvedilol/Coreg, Atenolol/Tenormin (amongst others)

Calcium Channel Blockers-Norvasc/Amlodipine, Diltiazem/Cardizem, Nifedipine/Procardia, Verapamil/Calan (amongst others)

Cyclic Antidepressants-Amitriptyline, Doxepin, Imipramine, Nortriptyline, Trimipramine (amongst others)

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

VITALS: assess vitals

BLOOD SUGAR CHECK: test blood sugar and treat as appropriate

ALS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, secure airway & assist ventilations as necessary.

MONITOR: treat rhythm as appropriate; **CONSIDER PACING** for **HR LESS than 50 & SBP less than 90mmHg with signs of shock.**

IV/IO ACCESS: as appropriate; Two 14 – 16 gauges IV's if patient has a **SBP LESS than 90mmHg** administer 250 ml fluid boluses to **SBP GREATER than 90mmHg.** Reassess patient after each bolus.

BETA BLOCKERS: FOR SBP LESS than 90mmHg

PUSH DOSE EPINEPHERINE - 10mcg (1ml) slow IV push every 1-5 minutes until **SBP is GREATER than 90mmHg**

GLUCAGON - 2mg IV push for **SBP LESS than 90mmHg** & patient not responding to previous treatment.

CALCIUM CHANNEL BLOCKERS: FOR SBP LESS than 90mmHg

CALCIUM CHLORIDE - 1000mg (100mg/ml) very slow IV push (1ml/minute) over 10 minutes or **SBP GREATER than 90mmHg**

PUSH DOSE EPINEPHERINE - 10mcg (1ml) slow IV push every 1-5 minutes for **SBP LESS than 90mmHg** & patient not responding to previous treatment.

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CYCLIC ANTIDREPRESSANT: FOR SBP LESS than 90mmHg

SODIUM BICARBINATE - 1 mEq/kg slow IV push for cardiac dysrhythmia or QRS complex wider than 0.10 second. Repeat as necessary.

PUSH DOSE EPINEPHRINE - 10mcg (1ml) slow IV push every 1-5 minutes for **SBP LESS than 90mmHg** & patient not responding to previous treatment.

MIDAZOLAM: Seizures 2 mg IV/IO slow IV push. Titrate in 1 mg increments for seizure control; max dose 5 mg IV/IO. May use 5mg IN/IM if no IV access available

PUSH DOSE EPINEPHRINE SOLUTION MIXING INSTRUCTIONS

- Take Epinephrine 1:10,000 concentration (1 mg/10 ml) and waste 9 ml of Epinephrine
- In same syringe draw 9 ml of saline from the patients IV bag & shake well
- Mixture now provides 10 ml of Epinephrine at 10mcg/ml (0.01 mg/ml) concentration
- Label syringe Epi 10mcg/ml

USE EXTREME CAUTION WHEN USING PUSH DOSE EPINEPHRINE

CONSIDERATIONS:

Administer fluid boluses with caution due to the high incidence of pulmonary edema in tricyclic overdose patients. Most tricyclic overdose seizures are short in duration and may not require the administration midazolam.