



**Toxins & Environmental
POISONING CARE UNIVERSAL
Practice Guideline**

Patient Care Goals

1. Ensure patient is removed from hazardous material environments and appropriately decontaminated
2. Ascertain type of agent by toxidrome or testing
3. Identify antidote or appropriate treatment

Patient Presentation:

Inclusion Criteria

Exposure or overdose of medications and/or toxins
Routes: Absorption, Ingestion, Inhalation, Injection

Patient Management:

Airway management is crucial throughout EMS care
12 lead ECG

Medications: Naloxone

- 0.5 mg IV/IO/IM
 - 1 mg IN
 - Max single dose 1.0 mg, q3 min until resp improves
- Ondansetron
- ODT: 15-30 kg: 4 mg >30 kg: 8 mg
 - IV/IO: 0.1 mg/kg, MAX 4 mg
- Ketamine
- 3 mg/kg IM ROUTE ONLY, max first dose 300 mg
 - After 10 mins, second dose if needed, 1 mg/kg IM ROUTE ONLY, max 100 mg (add'l orders OLMC)
- Sodium Bicarbonate (*OLMC order)
- Unstable vitals refractory to fluid bolus and wide QRS
 - 50 mEq IV/IO (Adult)
 - 1 mEq/kg IV/IO (Peds)
- Hydroxocobalamin (Cyanokit®)
- Dedicated line, vented tubing, usually after ROSC
 - 5 G IV/IO (Adult)
 - 70 mg/kg IV/IO (Peds)
- DuoDote kit (may be carried by haz-mat or command):
- Atropine 2.1 mg IM (or 2 mg IV/IO in lieu of DD kit)
 - 2-PAM 600 mg IM
- Repeat x 2 PRN
- Normal Saline Bolus and Norepinephrine per Shock PG

Special PRN circumstances:

Albuterol / Ipratropium for bronchospasm
5.0 mg/1 mg nebulized (Adult)
2.5 mg/0.5 mg nebulized (Peds)

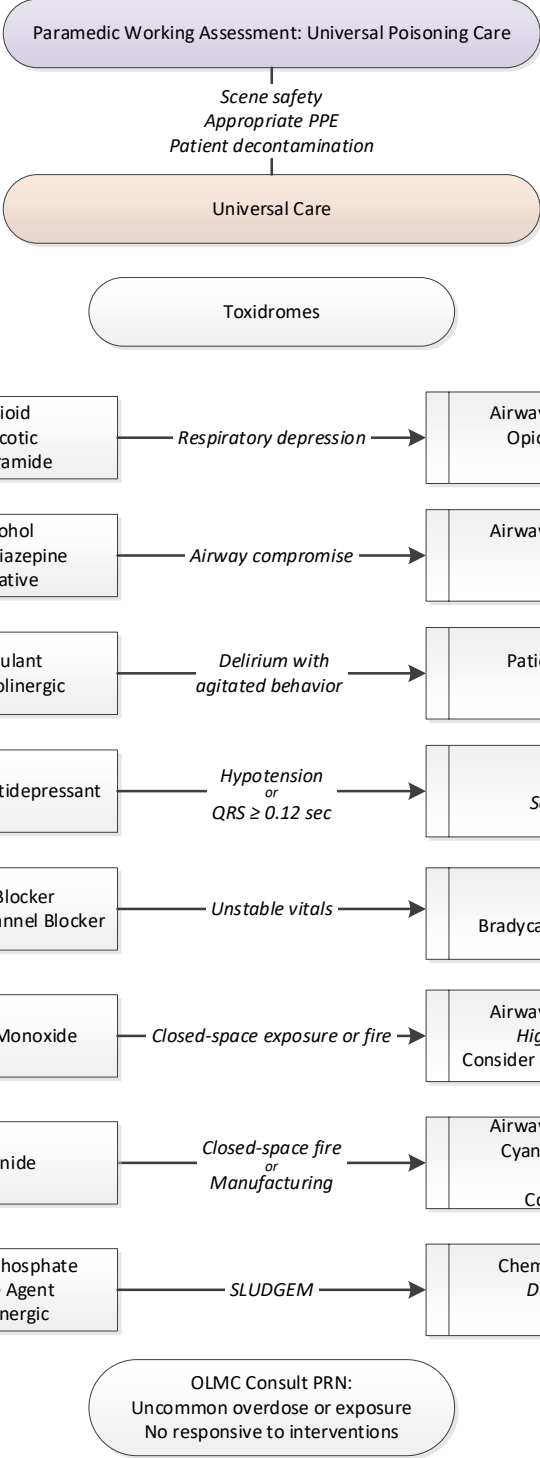
Patient Safety Considerations

1. Maintain a high index of suspicion
2. Engage Haz-Mat resources for decon and expertise
3. Ensure appropriate PPE for exposure

Note: Consider HBOT (Hyperbaric Oxygen Therapy) destination for toxic inhalation exposures without trauma or major burns

Quality Improvement:

- Key Documentation Elements
1. Possible etiology
 2. Time of exposure
 3. Response to treatment



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