1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)

2. Administer Oxygen prn (MCG 1302)

3. Establish vascular access prn (MCG 1375)

4. For suspected opioid overdose with altered mental status and hypoventilation/apnea:
   Naloxone 2-4 mg IN (1mg per nostril or 4mg/0.1 mL IN if formulation available) or
   Naloxone 2mg IM or
   Naloxone 0.8-2mg IV push, maximum dose all routes 8 mg
   Titrate to adequate respiratory rate and tidal volume

5. If partial response to Naloxone and strong suspicion for opioid overdose:
   CONTACT BASE for additional doses of Naloxone

6. For respiratory distress, treat in conjunction with TP 1237, Respiratory Distress

7. Initiate cardiac monitoring prn (MCG 1308)
   For suspected cardiac ischemia, treat in conjunction with TP 1211, Cardiac Chest Pain
   For patients with dysrhythmias, treat in conjunction with TP 1212, Cardiac Dysrhythmia - Bradycardia or TP 1213, Cardiac Dysrhythmia - Tachycardia

8. Evaluate for other causes of altered level of consciousness (MCG 1320)

9. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with TP 1244, Traumatic Injury

10. Check blood glucose
    If < 60mg/dL or > 200mg/dL, treat in conjunction with TP 1203, Diabetic Emergencies

11. For alcohol intoxication, document Provider Impression – Alcohol Intoxication
    For other intoxications, including overdose or ill affects of prescription medications and illicit substances, document Provider Impression – Overdose/Poisoning/Ingestion

12. For poor perfusion:
    Normal Saline 1L IV rapid infusion
    Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops
    For persistent poor perfusion, treat in conjunction with TP 1207, Shock/Hypotension

13. CONTACT BASE to discuss antidote administration
    Calcium channel blocker overdose: Calcium chloride 1g (10mL) IV push over 60 seconds
    Tricyclic antidepressant overdose: Sodium bicarbonate 50mEq (50mL) IV push over 60 seconds
14. Assess for co-ingestion of other substances

15. Consider contacting the Poison Control Center (1-800-222-1222) in conjunction with Base for assistance with identification and management of unknown medications/toxins (Ref. 805)

16. Bring containers of ingested substances to the Emergency Department with patient

17. If patient refuses treatment or transport, **CONTACT BASE**
   Patient must demonstrate decision making capacity (Ref. 834)
   If EMS personnel or Base Hospital determines it is necessary to transport the patient against their will, contact law enforcement for assistance
SPECIAL CONSIDERATIONS

1. The first priority for apneic patients after narcotic overdose is to begin positive pressure ventilation. Once ventilations are established, naloxone should be administered with the goal of restoring spontaneous ventilations. Vascular access should not take priority over initial treatment with Naloxone (IN or IM) for patients with suspected opiate overdose. Patients who are awake and alert with normal respirations after naloxone therapy may not require IV access or additional doses of naloxone.