

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*) ①
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 depending on 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 ①
5. For patients whose medical condition improves after naloxone and who demonstrate decision-making capacity, offer "Leave Behind Naloxone" (*MCG 1337*)
6. If partial response to Naloxone and strong suspicion for opioid overdose:  
**CONTACT BASE** for additional doses of **Naloxone**
7. If available, consider capnography to monitor ventilations (*MCG 1305*) ②
8. For respiratory distress, treat in conjunction with *TP 1237, Respiratory Distress*
9. 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*
10. Evaluate for other causes of altered level of consciousness (*MCG 1320*)
11. Assess for signs of trauma  
If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
12. Check blood glucose  
If < 60mg/dL or > 200mg/dL, treat in conjunction with *TP 1203, Diabetic Emergencies*
13. For alcohol intoxication, document Provider Impression – *Alcohol Intoxication*  
For other intoxications, including overdose or ill effects of prescription medications and illicit substances, document Provider Impression – *Overdose/Poisoning/Ingestion*
14. 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*
15. **CONTACT BASE** to discuss antidote administration

Calcium channel blocker overdose: **Calcium chloride 1g (10mL) IV push over 60 seconds** ③  
Tricyclic overdose: **Sodium bicarbonate 50mEq (50mL) IV push over 60 seconds** ④

16. Assess for co-ingestion of other substances
17. 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](#))
18. Bring containers of ingested substances to the Emergency Department with patient
19. If patient refuses recommended 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.
- ② Persistently high or increasing end-tidal CO<sub>2</sub> (EtCO<sub>2</sub>) readings above normal with low respiratory rate indicate respiratory failure (bradypneic hypoventilation); whereas low EtCO<sub>2</sub> readings with a low respiratory rate may also represent respiratory failure due to low tidal volumes (hypopneic hypoventilation); consider the need for assisted ventilation in these cases.
- ③ Signs of calcium channel overdose include bradycardia along with hypotension and hyperglycemia. Consider when the patient is taking or has access to a calcium channel blocker medication. Ask about potential exposures including medications in the home.
- ④ ECG findings consistent with tricyclic overdose include wide QRS (>0.12mm) and terminal R in aVR. Consider when the patient is taking or has access to a tricyclic medication. Ask about potential exposures including medications in the home.