Information Needed

1. History: type of exposure (contact, inhalation, ingestion, injection), what, when and how much was taken, accidental or intentional, subsequent symptoms, past medical history and medications.
2. Physical findings: current neurological and mental status, skin color and lesions, coughing, choking, nauseated, vomiting, lightheaded and dizzy, can't stand up.

Treatment

1. External contamination:
    a. Protect medical personnel. Consult with hazmat technicians if possible.
    b. Remove contaminated clothing.
    c. Flush contaminated skin and eyes with copious amounts of water.
2. Inhalation poisoning:
    a. Protect medical personnel. Consult with hazmat technicians if possible. Only rescuers with appropriate protective devices and clothing should enter enclosed areas.
    b. Protect airway and assist ventilation as needed.
    c. Administer high flow O_2 as needed. Particularly useful to reduce half-life of carbon monoxide.
    d. Determine vital signs (pulse, blood pressure, respirations, SPO2).
    e. Perform patient assessment.
    f. Establish venous access and draw blood. Determine BGL if mental status altered.
    g. Monitor cardiac rhythm.
    h. Consult with medical control early for available specific treatment.
3. Ingestion or injection:
    a. Protect airway and assist ventilation as needed.
    b. Administer O_2 moderate to high flow as needed.

    c. Determine vital signs (pulse, blood pressure, respirations, SPO2).
    d. Perform patient assessment.
    e. Establish venous access, draw blood, determine BGL.
    f. Monitor cardiac rhythm.
    g. Consider Naloxone if respiratory depression not easily managed.
    h. Consult with medical control early for specific management: Oxygen, Ipecac, Activated Charcoal, Sodium Bicarbonate, Calcium, Glucagon, Atropine.

Notes

1. Bring container with patient if not hazardous itself.
2. Check any emesis at scene for pill fragments.
3. Management of some poisoning and overdoses is complex. Consult early and often with medical control. Seizure risks require IV access. Cardiovascular risks require cardiac monitor.
4. Naloxone (Narcan) can produce a withdrawal state in those pts who are chronically on narcotic pain medication. In the narcotic overdose a large dose of Narcan can produce violent awakening with projectile vomiting and agitation.
5. SPO2 readings are not reliable with CO poisoning, do not withhold O2 if CO exposure is possible.
6. For more information:
    a. Rocky Mountain Poison Center: 1-800-332-3073 (statewide)
    b. Nationwide Poison Control Access: 1-800-222-1222
    c. Poison Control Phone for Hearing-Impaired: 303-739-1127
    d. CHEMTREC: 1-800-424-9300