



# EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, replaces all prior versions

<b>8A - POISONINGS-GENERAL MANAGEMENT ADULT &amp; PEDIATRIC</b>		EMERGENCY MEDICAL DISPATCHER EMERGENCY MEDICAL RESPONDER	
<b>TREATMENT PRIORITIES</b> <ol style="list-style-type: none"> <li>1. Self/Others/Scene Safety</li> <li>2. Vital signs</li> <li>3. Oxygenation/Ventilation</li> <li>4. Identify &amp; treat toxin</li> <li>5. BVM prior to administration of Naloxone</li> <li>6. Poison Center/OLMC consult if needed</li> <li>7. Manage shock, altered mental status, seizures, arrhythmias; CO Poisoning per specific protocol</li> <li>8. Transport ASAP</li> </ol>	<b>EMD</b>  ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES). DO NOT MOVE THE PATIENT UNLESS IN DANGER. OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING. DETERMINE NUMBER OF PATIENTS INVOLVED DECIDE IF ADDITIONAL RESOURCES ARE NEEDED	<b>EMT</b>  <b>EMT-INTERMEDIATE 85</b>  <b>ADVANCED EMT</b>  <b>PARAMEDIC</b>	
<b>EMR</b>	<b>EMT</b>	<b>GENERAL SUPPORTIVE CARE; OBTAIN VITAL SIGNS</b> $O_2$ VIA NC, NRB, OR BVM AS APPROPRIATE	
<b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING</b> (see opiate toxidrome in Protocol 8B) ADDRESS OXYGENATION AND VE NTILATION (SP02 GOAL $\geq$ 94% BEFORE ADMINISTERING NALOXONE) <b>ADULT:</b> NALOXONE 2 mg IN, MAY REPEAT ONCE <b>PEDIATRIC:</b> NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg <b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY</b> (see opiate toxidrome in Protocol 8B) <b>ADULT &amp; PEDIATRIC:</b> NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL  APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT <b>EMT OR HIGHER LICENSE:</b> MEASURE END – TIDAL $CO_2$ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED ONLY IF BVM VENTILATIONS INEFFECTIVE  <b>USE OF ACTIVATED CHARCOAL FOR ACUTE INGESTED POISONS, (i.e., Acetaminophen, ASA, TCA, Barbiturates)</b> <b>ADULT/PEDIATRIC:</b> ACTIVATED CHARCOAL 1 gram/kg PO (OLMC ORDER ONLY; USE ONLY IF TRANSPORT TIME WILL EXCEED 30 MINS)			
<b>EMT-I85</b>	<b>AEMT</b>	<b>IV ACCESS</b> <b>ADULT:</b> INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE TOXICOLOGY ETIOLOGY (eg. OPIATES) <b>ADVANCED EMT OR HIGHER LICENSE:</b> <b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING</b> (see opiate toxidrome in Protocol 8B) <b>ADULT:</b> NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE <b>PEDIATRIC:</b> NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg <b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY</b> (see opiate toxidrome in Protocol 8B) <b>ADULT &amp; PEDIATRIC:</b> NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL	
<b>PARAMEDIC</b>  <b>ADULT:</b> MEDICATION ASSISTED INTUBATION IF INDICATED  <b>TOXINS/DRUG OVERDOSE - SUSPECTED ORGANOPHOSPHATE</b> (see cholinergic toxidrome in Protocol 8B) <b>ADULT:</b> ATROPINE 2 mg IVP/IOP/IM, USE IVP FOR MORE SEVERE PRESENTATIONS. REPEAT EVERY 3-5 MINS IF SYMPTOMS PROGRESSIVE <b>PEDIATRIC:</b> ATROPINE 0.05 mg/kg IVP/IOP/IM, USE IVP FOR MORE SEVERE PRESENTATIONS. MINIMUM DOSE 0.1 mg. OLMC FOR REPEAT. <b>ADULT/PEDIATRIC (&gt; 12 years):</b> PRALIDOXIME CHLORIDE 600 mg (1 AUTOINJECTOR) IM, MAY REPEAT TWICE FOR A TOTAL OF 1800 mg; ADMINISTER EACH DOSE 15 MINUTES APART FOR MILD SYMPTOMS OR IN RAPID SUCCESSION FOR MODERATE TO SEVERE SYMPTOMS  <b>TOXINS/DRUG OVERDOSE - SUSPECTED TRICYCLIC ANTIDEPRESSANT (VENTRICULAR DYSRHYTHMIAS, SEIZURES)</b> <i>(see anticholinergic toxidrome in Protocol 8B)</i> <b>ADULT/PEDIATRIC:</b> SODIUM BICARBONATE 1 mEq/kg IVP/IOP MAX DOSE 50 mEq  <b>TOXINS/DRUG OVERDOSE - SUSPECTED STIMULANT (SEVERE AGITATION, HTN, TACHYCARDIA, DIAPHORESIS)</b> <i>(see hallucinogenic and sympathomimetic toxidromes in Protocol 8B)</i> <b>ADULT:</b> MIDAZOLAM 0.1 mg/kg IVP/IN/IM TO MAX 5 mg OR DIAZEPAM 2.5-5 mg IVP OR LORAZEPAM 1-2 mg IVP/IM <b>PEDIATRIC:</b> OLMCP ORDER ONLY  <b>TOXINS/DRUG OVERDOSE - SUSPECTED CALCIUM CHANNEL BLOCKER</b> <b>ADULT:</b> CALICUM CHLORIDE 10 mg/kg IVP/IOP MAX DOSE 1 gram  <b>TOXINS/DRUG OVERDOSE - SUSPECTED BETA-BLOCKER</b> <b>ADULT:</b> GLUCAGON 1 mg IVP/IOP <b>PEDIATRIC:</b> GLUCAGON 0.5 mg IVP/IOP			
CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE FOR TOXINS/DRUG OVERDOSE ETIOLOGY Poison Information Center Specialists are authorized to direct medical care related to the medical toxicology and/or hazardous material exposure aspects of patient care if contacted for directives			