

POLICY: 554.51
 TITLE: Poisoning

EFFECTIVE: 02/01/2026
 REVIEW: 02/2028
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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POISONING

- I. AUTHORITY
 Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
 To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
 Includes: Caustics/corrosives (alkalis, acids, oxidizers), petroleum distillates, and organophosphates

 In the event of a release of nerve agents or organophosphates, notify dispatch to request the MHOAC order CHEMPACK.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

NOTE: DO NOT INDUCE VOMITING

ALL POISONINGS	F	E	O	P	D
PROTECT FROM CONTAMINATION	X	X	X	X	
DECONTAMINATION					
<ul style="list-style-type: none"> • Remove contaminated clothing. • If agent is dry, brush off. If agent is liquid, flush with copious amounts of water. • If the eyes are contaminated flush with saline for at least 20 minutes. 	X	X	X	X	
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilation as appropriate with appropriate airway adjuncts. Observe for airway burns.	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
*OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	

	F	E	O	P	D
**ONDANSETRON: 4 mg IM, slow IV, or 4 mg Oral Disintegrating Tablet (ODT) for nausea and/or vomiting. May be repeated twice. Max dose 12 mg.				X	
CARBON MONOXIDE					
OXYGEN: 15-LPM via non-rebreather or BVM.	X	X	X	X	
CPAP: as indicated.		X	X	X	
ORGANOPHOSPHATES					
CONSIDER ATROPINE: 2-5 mg increments IV/IO or 2 mg IM. Repeat every 5 minutes as needed to control secretions, bradycardia, bronchorrhea, and dysrhythmia.				X	
MIDAZOLAM for seizures: Do not delay for IV/IO access. Closely monitor respirations/airway and support ventilation as indicated. <ul style="list-style-type: none"> • IM – 10 mg. May repeat x 1 if seizure continues > 5 minutes. • IN – 10 mg. May repeat x 1 if seizure continues > 5 minutes. • IV/IO - 1-2 mg every 2 minutes until seizure stops or max 10 mg. 				X	
NASOGASTRIC TUBE: suction gastric contents – only if patient has advanced airway and oral ingestion has occurred within 60 minutes.				X	
CAUSTICS/CORROSIVES/PETROLEUM DISTILLATES					
NASOGASTRIC TUBE: suction gastric contents – only if patient has advanced airway and oral ingestion has occurred within 60 minutes.				X	

* Use oxygen with caution near any hazardous materials

****PRECAUTIONS FOR ONDANSETRON:**

- Known Sensitivity to Ondansetron (Zofran) or other 5-HT-3 antagonists.
- Granisetron (Kytril)
- Dolasetron (Anzemet)
- Palonosetron (Aloxi)

CARBON MONOXIDE

- Carbon monoxide is an odorless, colorless, tasteless toxic gas. Carbon monoxide poisoning is easily misdiagnosed as flu-like symptoms, fatigue, or other general complaints. Common sources of carbon monoxide include motor vehicles, structure and wildland fires, gas-powered machines operating in closed spaces, improperly functioning wood-burning stoves, heaters, or furnaces and industrial sites. Untreated carbon monoxide may result in short and long-term health consequences.
- Refer to 554.81 BURNS and 554.82 TRAUMA AND TRAUMATIC SHOCK as indicated

CAUSTIC CORROSIVES

- **Alkalis:** sodium hydroxide (caustic soda), drain cleaners, potassium hydroxide, ammonium hydroxide (fertilizers), lithium hydroxide (photographic chemicals, alkaline batteries), calcium hydroxide (lime).
- **Acids:** hydrofluoric acid (which may have a delayed onset of symptoms), sulfuric acid (battery acid), hydrochloric acid.
- **Oxidizers:** bleach, potassium permanganate.
- Refer to 554.81 BURNS and 554.82 TRAUMA AND TRAUMATIC SHOCK as indicated

ORGANOPHOSPHATE

- May cause bronchospasm, an increase in pulmonary and nasal secretions, constricted pupils, vomiting, diarrhea, urinary incontinence, diaphoresis, and cardiac dysrhythmias including both bradycardia and AV blocks.
- Remember the most spectacular signs by the following mnemonic: (**S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astric upset, **E**mesis and **M**iosis - **SLUDGEM.**)
- Other useful mnemonics are, "**MUDDLES:**" **M**iosis, **U**rination, **D**efecation, **D**iaphoresis, **L**acrimation, **E**mesis, **S**alivation; and "**DUMBBELS:**" **D**iarrhea, **U**rination, **M**iosis/muscle weakness, **B**ronchorrhea, **B**radycardia, **E**mesis, **L**acrimation, **S**alivation/sweating.