

Bayfield-Ashland Counties EMS TOXINS / ENVIRONMENTAL Drug Overdose	ED-5 STIMULANT POISONING / OVERDOSE
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SITUATION: Patient who has intentionally or unintentionally been poisoned/overdosed on a stimulant including cocaine, methamphetamine, amphetamines, PCP, phencyclidine, and bath salts.

SYMPTOMS:

- Tachycardia or tachydysrhythmias
- Hypertension
- Diaphoresis
- Delusions or paranoia
- Seizures
- Hyperthermia
- Mydriasis (dilated pupils)
- Stimulant or hallucinogenic (with stimulant properties) agents:
 - a. Cocaine
 - b. Amphetamine / Methamphetamine
 - c. Phencyclidine (PCP) (hallucinogen)
 - d. Bupropion
 - e. Synthetic stimulant drugs of abuse (some having mixed properties)
 - f. Ecstasy
 - g. Synthetic cathinone (bath salts)
 - h. Spice
 - i. K2
 - j. Synthetic THC
 - k. Khat

TREATMENT and INTERVENTIONS

ALL LEVELS

1. Begin with the ABCDs:
 - a. Airway is patent
 - b. Breathing is oxygenating
 - c. Circulation is perfusing
 - d. Mental status is stable
2. Treat any compromise of these parameters.
3. Ask about chest pain and difficulty breathing.
4. Obtain and monitor vital signs including temperature for hyperthermia.
5. Treat chest pain per ACS guideline.
6. Consider requesting early ALS for behavioral medication interventions.

EMR-O; EMT-R

7. Check blood glucose level.
8. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation for most acutely ill patients.
9. Consider soft physical management devices. (See [Agitated or Violent Patient/Behavioral Emergency guideline \[M-3\].](#))

EMT-O

10. Apply ECG cardiac monitor if available.

AEMT-R

11. Establish IV access or any fluids and meds.

12. Consider isotonic IV/IO fluid bolus 20 ml/kg normal saline.

13. If patient has signs and symptoms of ACS, strive to give nitroglycerin.

AEMT-O

14. Consider administering lactated Ringer's [See [Shock \[M-13\]](#) and [Hyperthermia/Heat Exposure \[EE-6\]](#) guidelines]

INT-O

15. Consider prophylactic use of anti-emetic ondansetron [Adult: 4mg IV/PO/SL or ODT; Pediatric: 0.15mg/kg IV/PO (max dose of 4mg)].

PARA-

16. Consider administration of medication per the [Agitated or Violent Patient/Behavioral Emergency \[M-3\]](#) guideline.

NOTES:

- History is as important as the physical examination.
- If the patient is on psychiatric medication, but has failed to be compliant, this fact alone puts the patient at higher risk for hyper agitated state.
- If the patient is found naked, this may elevate the suspicion for stimulant use or abuse and increase the risk for hyper agitated state.
- Be prepared for the potential of cardiovascular collapse as well as respiratory arrest.