IOWA | Health and Human Services
Public Health

Bureau of Emergency Medical and Trauma Services

***The following information is provided courtesy of the State of Iowa Poison Control Center. Authorized Iowa EMS service physician medical directors may utilize this information, in conjunction with the National Model EMS Clinical Guidelines and the Iowa Emergency Medical Care Provider Scope of Practice, to develop EMS service protocols for poisoning, overdose, and toxic exposure related emergencies.**

POISONING, OVERDOSE, & TOXIC EXPOSURE GUIDELINES
Oct. 2023

Initial Considerations and Background

- Provide initial clinical care per protocol including symptom management and supportive care
    - Utilize ACLS and PALS guidelines if needed
    - Skin and eye chemical exposures – **TIME IS TISSUE!!** Initiate immediate initial decontamination with copious amounts of water or saline
- Obtain good patient history
    - Scene where the patient was found and PMH; what was found around the patient?
        - Collect pill bottles around the patient and bring them to the hospital
    - May need to obtain more information from people at scene (if available)
        - Did the patient (or bystanders) report taking anything?
        - Is this their medication (or someone else's)?
- Determine if a toxidrome is present by looking at signs and symptoms
    - VS: Heart rate, blood pressure, temperature, respiratory rate, oxygenation
    - Physical exam: mental status, pupils, mucous membranes, general skin exam (excessively dry or moist), abnormal movements, and odors
- **Call Poison Control at 1-800-222-1222**

Be prepared to answer the following questions (if possible/applicable) when calling Poison Control

- Patient's name and age
- Drugs or chemicals involved
    - Quantity
    - Strength
    - Formulation (e.g. immediate release, sustained release, extended release)
- Route used/exposed (e.g. ingested, snorted, inhaled, injected, skin, eyes)
- Time of exposure
- Medical history and allergies

- Signs and symptoms
- Vital signs
- EKG measurements (if completed): heart rate, QRS duration, QT interval
- Any fluids and medications already given
- Facility name where the patient will be transported

What EMS can expect from Poison Control

- Anticipated clinical effects of the exposure that may develop during transport
- Recommended treatments if clinical effects develop
- Poison Control will call ahead to the receiving facility to update them on the patient's condition(s), provide supporting information collected by EMS, prepare receiving providers for patient status, provide information and recommendations pertinent to the initial stabilization and triage of the patient.

Important Note Regarding Poison Center Surveillance

The National Poisoning Data System (NPDS) is the only real-time surveillance database in the United States. Deidentified poison center data from across the entire U.S. is collected in the NPDS. Unusual patterns in the data are identified and real-time automated alerts are sent to the appropriate poison control center to determine if the unusual pattern is an indicator of a possible public health threat. To help in accurate identification of potential threats, it is important to have all poisoning cases reported to poison control centers.