**SUBJECT:** Poisoning

**PURPOSE:** To clearly establish the Department’s position on the clinical care and treatment of patients suffering of poisoning.

**SCOPE:** This Operating Guideline shall be applicable to all personnel; paid and volunteer, operating as an agent of Shamong EMS

**RESPONSIBILITY:** All Department Officers will ensure overall compliance with this operating guideline. The primary responsibility of the emergency care and treatment of medical and trauma patients falls under Emergency Medical Technicians, paid and volunteer, operating as an agent of Shamong EMS

**PROCEDURE:**

1. **Assessment**
	1. Assure scene is safe
	2. Perform complete primary and secondary assessment, including obtaining a complete set of manual vital signs.
	3. Determine route of poisoning:
		1. Ingestion.
		2. Inhalation.
		3. Injection.
		4. Absorption.
	4. Patient history should include:
		1. What was the substance (obtain samples, if possible).
		2. When it was introduced.
		3. How much was taken in.
		4. Any mixing with other poisons, drugs or alcohol.
		5. Any antidote or self-treatment used.
		6. If vomiting induced (obtain a sample, if possible).
		7. Patient weight.
	5. Assess the following:
		1. Eyes for impaired, blurred or coloration of vision, lacrimation, blindness; assess pupil size and response to light.
		2. Mouth for signs of caustic ingestion, excessive salivation, breathe odors
		3. Breath sounds for evidence of aspiration, toxic inhalation, excessive pulmonary secretions, etc.
		4. Abdomen for pain or discomfort.
		5. Transport patient to closest appropriate hospital.
	6. Does the patient require ALS?
2. **Treatment**
	1. Provide and maintain appropriate airway management.
	2. Administer and maintain appropriate dose of oxygen based on patient’s condition.
	3. Assist ventilations as needed
	4. Ingested poisons
		1. DO NOT INDUCE VOMITING IN ANY PATIENT
		2. Do not give anything by mouth
	5. Inhaled poisons
		1. Safely remove the patient from the poisonous environment
		2. Remove contaminated clothing
	6. Injected poisons
		1. Remove patient from possibility of repeated injection by offending life form
		2. If possible, identify the life form responsible for injection
		3. Be prepared for anaphylactic reactions
		4. If a marine animal bite is the cause of injection, apply a loose constricting band, no tighter than a watchband) between the bite and patient’s heart
	7. Absorbed poisons
		1. Safely remove the patient from poisonous environment
		2. Remove contaminated clothing
		3. If organophosphates are suspected, assess for excessive parasympathetic response or SLUDGE
			1. Salivation
			2. Lacrimation
			3. Urination
			4. Diarrhea
			5. Gastrointestinal distress
			6. Emesis
3. **Documentation**
	1. All physical findings noted during the primary and secondary assessment.
	2. All Pertinent negatives based on medical or trauma category such as the absence of recent trauma, illness, changes in medications, etc.
	3. Pertinent past medical history, including medications and allergies.
	4. Treatment rendered.
		1. Repeat vital signs.
		2. Responses to treatment.
	5. What was the substance (obtain samples, if possible).
	6. When it was introduced.
	7. Route of exposure.
	8. Duration of exposure.
	9. How much was taken in.
	10. Any mixing with other poisons, drugs or alcohol.
	11. Any antidote or self-treatment used.

**Enforcement**

Failed compliance with the policy and procedures outlined in this document may result in the employee’s entry to the department’s progressive counseling and discipline process.