History
- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route and quantity
- Time of ingestion
- Reason (suicidal, accidental or criminal)
- Available medications in home
- Past medical history and medications

Signs and Symptoms
- Mental status changes
- Hypo or hypertensive
- Decreased respiratory rate
- Tachycardia or dysrhythmias
- Seizures
- S.L.U.D.G.E.

Differential
- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergics
- Cardiac medications
- Solvents, alcohols or cleaning agents
- Insecticides (organophosphates)

Pearl
- Do not rely on patient history of ingestion, especially in suicide attempts. Make sure the patient is still not carrying other medications or weapons. Bring bottles, contents, and emesis to ED.

California Poison Control Center
(800) 222-1222
Advisory ONLY

For patients > 22kg
Naloxone 2-4 mg IN
Naloxone is titrated to effect of adequate ventilation and oxygenation
NOT ADMINISTERED TO RESTORE CONSCIOUSNESS

Blood glucose analysis
- Yes
  - 12-Lead ECG
  - Establish IV/IO
  - Cardiac monitor
- No
  - Altered mental status?
  - Yes
    - Systolic BP < 90
      - Tricyclic Antidepressant OD
      - Orgonophosphate OD
    - No
      - Exit to Diabetic or Behavioral TGs

If bradycardic and symptomatic
- Exit to Symptomatic Bradycardia TG

Exit to Airway TG as indicated

Notify receiving facility.
Contact Base Hospital for medical direction, as needed.