



Handling Overdose/Poisoning Calls

These types of calls typically fall into one of two categories. For simplicity we will call them overdose and accidental ingestion (or poisoning). Your agency may refer to these incidents in other terms, such as accidental overdose and intentional overdose. You should consult a supervisor or your policy and procedure manual for clarification of your agency's exact terminology.

An accidental ingestion (or poisoning) is defined as an accidental or unintentional ingestion of a toxic substance. Poisoning or accidental ingestions at home are common and usually involve children or the elderly.

Accidental ingestion or poisonings in children usually involve children under the age of 12. They range in nature from unsupervised children taking narcotics or medications and children that are given too much medicine to children that are accidentally exposed to a toxic substance that is not medication, such as cleaning solutions. The most common serious poisonings in children involve caustics, hydrocarbon/petroleum, iron (medicinal), antidepressant and cardiac medications.

Accidental poisonings in elderly adults typically involve one of two scenarios. One - the patient mistook one medication for another or, two - the patient forgot that they had already taken a dose of the medication and has taken a second or third.

Access to the local poison control intervention line is a necessity in every Communications Center. A policy should be established for using the poison control intervention. Policies vary from agency to agency but the most often recommended policy is for the Telecommunicator to transfer the caller to poison control and remain on the line with the caller to ensure the proper action is taken. This allows the Telecommunicator to hear whether or not poison control is recommending taking the patient to the hospital and dispatching EMS as necessary without the delay of having the caller call back. This also ensures that the call is actually connected and not disconnected without assistance.

An overdose, as defined for dispatch, is a purposeful and intentional ingestion, of a toxic substance, in which the patient has a motive for their actions – usually attempted suicide. All overdose patients should be considered a possible

danger to themselves and others. Overdoses may be related to depression, either as a cry for help or as a serious suicide attempt.

The safety of the scene must be addressed during questioning. Patients that have attempted suicide may become violent upon finding out that their plans have been interrupted or have failed. Someone that is willing to take their own life may be willing to take someone else's to accomplish their goal. Since attempted suicide is universally understood to be a criminal act and because of the potential danger to EMS personnel, law enforcement units should be dispatched to all overdose calls. EMS units should be encouraged to stage nearby or remain in a "standby" mode until law enforcement officials have secured the scene and diminished the threat level. Refer to your agencies procedures in dealing with these types of calls.

If you receive a call reporting a possible overdose or poisoning, it is important to determine immediately which of the two types of calls you have. The procedure for each will vary as will the questions you ask.

Determine if the caller is the patient. If the caller is the patient you may be dealing with a possible suicide attempt and may need to refer to a different line of questioning at some point. Remember, the two most common victims of accidental ingestion are children or the elderly, so you may be dealing with a child or an elderly caller. It is also important to keep in mind that the toxic substance that has been consumed may effect the person's level of consciousness and the time you have to ask questions may be limited before the caller is unable to assist you any further.

You need to obtain some vital information in your questioning. After establishing the patients level of consciousness and ensuring a patent airway, some questions you can ask are:

What did the patient take? If it was not medication or narcotics, what was it? If it was medication, what was it? Have the caller locate the container if possible and read you the label. If it is not a common medication have the caller spell it to you. This prevents mispronunciation of the drug. Many drugs are spelled and pronounced similarly but the effects are dramatically different. This information needs to be relayed to responders as soon as possible.

How much did the patient ingest? This may be difficult to determine. One easy way to get an estimate of the amount of consumption of prescription medications is, once again, to refer to the container label. When was the prescription filled? What are the directions for taking the medications? How many doses were in the container? How many doses are left? If the prescription was filled two days ago and the directions are to take one dose of one tablet a day, then there should only be one to two tablets missing! (depending on what time of day the medication is taken and what time of day the call is received) If there are

more missing, it is safe to assume the difference is the amount that has been ingested.

How long ago did the ingestion take place? If this information can be obtained, it is very beneficial. Some narcotics will affect the body differently depending on the length of exposure. One drug may begin its effects immediately while another may need several hours to start. If it can be determined that a narcotic was consumed that will render the patient unconscious in twenty minutes and it was taken about fifteen minutes ago, you can prepare to have an unconscious and possibly unresponsive patient.

The treatment for the exposure can also differ depending on how long ago it took place. The use of activated charcoal on someone that ingested a substance several hours ago may not be as effective as it would on someone who has ingested something in the last hour. The body will absorb the substance and it may no longer be in the stomach for the charcoal to work the way it is supposed to.

The pre-arrival instructions for an overdose or a poisoning deal mainly with keeping the patient comfortable and the treatment of shock. Monitor and maintain the patient's airway, especially if patient is nauseated or vomiting or if the level of consciousness is decreased. Do not place a pillow under the patient's head, as this may interfere with the airway.

Treat for shock by keeping the airway clear. Let the patient assume a position of comfort. Calm and reassure the patient, and keep the patient warm (maintain body temperature).

In cases of poisoning, do not induce vomiting. For caustic ingestion, have patient drink water or milk until help arrives (Check with Poison Control Consultants first, unless otherwise directed by the EMD Guidecards).

Do not give the patient anything to eat or drink except in cases of a caustic ingestion of an acid or lye. Protect the patient from further injury to themselves, if safe to do so.

Have the caller call back if the patient's condition worsens before help arrives or if the patient leaves the scene. Also, have the caller lock all pets away because they may interfere with instructions given or attack responding personnel.

These are just an example of some of the questions you can ask to obtain important information and the pre-arrival instructions you can use to treat the victim. Always follow your locally approved EMD Guidecards as designed and refer to your policies and procedures.

By Bob Smith, APCO Institute EMD Program/Operations Manager

Resources

- APCO Institute Public Safety Telecommunicator 1 Student Manual
- APCO Institute Emergency Medical Dispatch Student Manual

Helpful Websites

- www.apcoinstitute.org (APCO Institute)
- www.aapcc.org (American Association of Poison Control Centers)

Quiz

CDE Article – Handling Overdose Calls

Name: _____ Date: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

1. A primary concern for the EMD in overdose calls should be scene safety for the responders.
 - a. True
 - b. False

2. Pre-arrival instructions for poisonings and overdoses deal mainly with treatment for shock and keeping the patient comfortable.
 - a. True
 - b. False

3. Accidental ingestions typically involve which two age groups.
 - a. Children 12 & under and the elderly
 - b. Teenagers and middle aged women
 - c. Middle aged men and adults
 - d. Adults 25 – 30 years of age & teens

4. An overdose can be a sign of:
 - a. Boredom
 - b. Happiness
 - c. Attempted suicide
 - d. Complacency

5. It is important to have a caller spell unfamiliar medications to you because:
 - a. Part of your QA program rates spelling
 - b. You are not allowed to use white out
 - c. Some medications are spelled and pronounced similarly
 - d. The caller could be making the name of the medication up