SECTION: Toxicological Emergencies

PROTOCOL TITLE: Medical – Overdose/Poisoning – Tricyclic

Anti-depressant

REVISED: 06/2017

Protocol 7-3

OVERVIEW:

Aggressive care at onset of signs and symptoms of a TCA overdose is essential, as the patient can decompensate quickly. Early signs and symptoms include: widening of the QRS, tachycardia, hypotension and altered LOC. Unfortunately, the history of poisoning / overdose is notoriously unreliable whether it is obtained from the patient, friends and family members or emergency services personnel. Despite the possible inaccuracies, the most important historical factors include what poison was involved, how much was taken, how it was taken, when it was taken, why it was taken, and especially what else was taken. Poison Control may be contacted at any time for information on poisoning (1-800-222-1222) but only Medical Control may give patient treatment orders.

| HPI | Signs and Symptoms | Considerations |
|---|--|--|
| Use or suspected use of a potentially toxic substance Substance ingested, route, and quantity used Time of use Reason (suicidal, accidental, criminal) Available medications in home Past medical history | Mental status changes Hypotension / hypertension Hypothermia / hyperthermia Decreased respiratory rate Tachycardia, other dysrhythmias Seizures | Co-ingestions such as: Acetaminophen (Tylenol) Depressants Stimulants Anticholinergic Cardiac medications Solvents, alcohols, Cleaning agents Insecticides |

| | EMR | EMT | Α | | Р |
|--|-----|-----|---|---|---|
| 1. Obtain general assessment of the patient. | | • | • | • | • |
| 2. Administer Oxygen to maintain <u>SPO</u> ₂ 94 - 99% | • | • | • | • | • |
| 3. Suction oropharynx as necessary. | • | • | • | • | • |
| 4. Obtain blood glucose sample. If glucose is < 60 mg / dL or > 300 mg / dL, refer to <u>Hypoglycemia</u> or <u>Hyperglycemia</u> protocol. | | • | • | • | • |
| Establish IV of Normal Saline. Titrate to maintain a systolic BP > 90 mmHg. | | | • | • | • |
| 6. Place the patient on a cardiac monitor and obtain / interpret 12 lead ECG. | | • | • | • | • |
| 7. If TCA overdose is suspected and any progressive widening of QRS, > 0.12 ms, seizure activity, hypotension, tachycardia or heart block is noted, administer <u>SODIUM BICARBONATE</u> 50 mEq IVP. | | | | • | • |
| 8. Transport promptly in position of comfort. Reassess vital signs as indicated. | | • | • | • | • |

Protocol

7-3

Continued

PEARLS:

- 1. Amiodarone is contraindicated, as are other drugs that widen the QRS.
- 2. Common TCA's include but are not limited to: Elavil, Triavil, Etrafon, and Amitriptyline.
- 3. Flexeril (cyclobenzaprine) can mimic TCA overdose.
- 4. Do not rely on patient history of ingestion, especially in suicide attempts.
- 5. Bring bottles and contents to ER with patient.