



Sheri Stollo, BSN, EMT-P
Monroe Livingston Regional QA/QI Coordinator
Manager, Office of Prehospital Care

Date: February 23, 2007 Advisory 07-02
To: All Monroe-Livingston Agencies
From: Sheri Stollo, BSN, EMT-P
Monroe-Livingston Regional QA/QI Coordinator
Manager, Office of Prehospital Care
Re: Activated Charcoal

It has come to OPC's attention that some agencies are under the impression they no longer have to carry Sorbitol-Free Activated Charcoal.

Activated Charcoal is still in the New York State BLS protocols as a physician option. In addition, the Monroe-Livingston Regional protocol for "Poisoning / Overdose" lists Activated Charcoal for All Levels. I have attached the regional adult and pediatric protocols for your review.

This is a medication that each agency is required to carry and administer based on the protocols. If your agency has removed it from your ambulances please replace it as soon as possible in order to follow regional and state protocols.

If you have any questions, please feel free to contact me at OPC.

601 Elmwood Avenue, Box 655
Rochester, New York 14642
585-273-3961
www.mlrems.org

ADULT

POISONING / OVERDOSE

Approved: 

Page 1 of 1

CRITERIA:

1. Suspected or actual overdose of patient's prescribed medications - accidental or intentional.
2. Suspected or actual ingestion /injection of non-prescribed medications - accidental or intentional.
3. Exposure to potentially toxic substance - ingestion, inhalation, dermal contact, etc.

PROTOCOL:

ALL LEVELS:

1. Routine medical care with transport left lateral recumbent position if oral ingestion.
2. Assure airway patency and administer high flow oxygen if appropriate.

CAUTION: If carbon monoxide inhalation or inhalation injury, patient must be on 100% O₂

3. Assess signs, symptoms, hemodynamic status, type, time and amount of poisoning.
4. Contact Medical Control. (Poison Control may be contacted for information, but **all orders for decontamination must come from Medical Control.**) Refer to step 8 below if gut decontamination is recommended.
5. Save all emesis for analysis by hospital, and bring poison container to hospital.

EMT-CC, P:

6. **If potential opiate (heroin, morphine, methadone, propoxyphene, codeine) overdose** as indicated by pupil constriction, needle track marks, or history **and if marked respiratory or CNS depression:**

Narcan - titrate to support respiratory efforts.

Usual starting dose 0.4mg IV/IO, IM or ET (May titrate to 2mg with caution)
If given ET, flush with 3-5cc NS after medication administered

Care should be taken if cocaine /heroin mixture is suspected
Narcan may also be ordered by Medical Control for other overdoses in varying doses.

7. May repeat Narcan in 5-10 minutes if inadequate response is noted.

ABSOLUTE ON LINE

ALL LEVELS:

8. Sorbitol-free activated charcoal 50 gm PO **if patient is alert and able to protect airway.**

EMT- CC, P:

9. Specific antidotes or treatments as recommended by Medical Control such as:

Calcium chloride for calcium channel overdoses

Bicarb for tricyclic, propoxyphene, aspirin or other overdoses

PEDIATRIC
POISONING / OVERDOSE

CRITERIA:

1. Suspected or actual overdose of patient's prescribed medications - accidental or intentional
2. Suspected or actual ingestion/injection of non-prescribed medications - accidental or intentional
3. Exposure to potentially toxic substance - ingestion, inhalation, dermal contact, etc.

PROTOCOL:

ALL LEVELS:

1. Routine pediatric medical care.
2. Assure airway patency, and administer high flow oxygen if appropriate.
3. Assess signs, symptoms, hemodynamic status, type and amount of poisoning.
4. Contact Medical Control. (Poison Control may be contacted for information, but **all orders for decontamination must come from Medical Control.**) Refer to step 10 below if gut decontamination is recommended.
5. Save all emesis for analysis by hospital, and bring poison container to hospital.
6. Unless contraindicated, transport patient in the Left Lateral Recumbant position.

EMT-CC, P:

7. Monitor all patients with ECG.
8. **If potential opiate (heroin, morphine, methadone, propoxyphene, codeine) overdose as indicated by pupil constriction, needle track marks, history or accidental ingestion AND if marked respiratory or CNS depression present consider**

Narcan 0.1mg/kg IV,IO, IM or ET (maximum 2 mg unless otherwise directed by Medical Control for certain non-narcotic drug classifications)

If given ET, flush with 3-5cc NS after medication administered
9. Repeat Narcan in 5-10 minutes if inadequate response is noted.

ALL LEVELS:

10. Gut decontamination using method recommended by Medical Control
 - a. Sorbitol-free activated charcoal 1-2 gm/kg PO

NOTE: Avoid use in patient with decreased level of consciousness or who may develop decreased level of consciousness.