



CNS HALLUCINOGEN OVERDOSE



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol includes the hallucinogen drugs: LSD (“Acid, Microdot”), Mescaline and Peyote (“Mesc, Buttons, Catus”), and others (“DET, EMT, Psilocybin, etc.”).

Signs and Symptoms include: illusions and hallucinations, poor perception of time and distance, possible paranoia, anxiety, panic, unpredictable behavior, emotional instability, possible flashbacks, dilated pupils, and rambling speech.

Supportive Care

1. [Medical Supportive Care](#). “Talk down” patient.

ALS Level 1

1. Consider need for [intubation](#). (a).
2. Perform glucose test with finger stick. If glucose is below 60 mg/dL, see [Diabetic Emergencies](#).
3. If respiration is depressed, [Naloxone](#) (Narcan) 2 mg IV (b).
4. If no response, repeat Naloxone (Narcan) 2 mg IV PRN. (b)
5. If patient is experiencing chest pain, see [Chest Pain - Suspected AMI](#).
6. If patient is seizing, administer [Lorazepam](#) (Ativan) 0.5-2 mg IV, if unable to start IV, administer Lorazepam 1-2 mg IM.
7. Consider need for restraints (see [Physical Restraints](#)).


***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient’s status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. *** A Lifepak monitor strip displaying ET_{CO}₂ waveform must be printed out for the record.**



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ALS Level 2 (*Physician Authorization Required*)

9. If patient is combative, administer Lorazepam (Ativan) 0.5-2.0 mg IV.
10. Treat tachycardic dysrhythmias as per physician order.

Note

- (a) Use appropriate discretion regarding immediate intubation of patients who may quickly regain consciousness, such as hypoglycemics after D50 or opiate overdose after Naloxone.
- (b) If patient is a suspected opioid addict, the administration of Naloxone should be titrated (e.g. 0.4 mg/minute) to increase respirations to normal levels without fully awakening patient to prevent hostile and confrontational episodes. Consider restraining patient (see Physical Restraints). Naloxone may need to be repeated in 20-30 minutes to maintain effect.


***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. *****



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