Drugs or poisons may be ingested, inhaled, injected or absorbed through the skin. This could be the result of an accidental overdose or through intentional overdose or self harm. Recognition of the route of absorption and type of drug or poison will determine treatment. In overdose patients the most common cause of hypoxia is airway obstruction resulting from a decreased LOC.

1. **PROTOCOL F2 - including primary assessment (ABCDE)**
   - Use head tilt, jaw thrust and airway adjuncts (ie oropharyngeal, nasopharyngeal, laryngeal mask airway) and suction to open, clear and maintain the airway
   - Administer high flow oxygen
   - Monitor cardiac rhythm as there is an increased risk of dysrhythmias, especially if cardiac medications, tricyclic antidepressants, carbamazepine or chloral hydrate have been ingested

2. **NALOXONE** if narcotic overdose is suspected

3. **SODIUM BICARBONATE** in tricyclic overdoses with conduction delay (wide QRS complex) presenting with shock, coma or convulsions

4. **ATROPINE** if organophosphate poisoning is suspected

5. Treat **ASSOCIATED CONDITIONS**, if present:
   - Altered LOC
   - Hypovolaemia
   - Dehydration
   - Hypothermia
   - Hyperthermia
   - Crush injury / hyperkalaemia

6. **ANY REMAINING DRUGS OR POISONS** should be brought to the hospital if this can be done safely

7. **URGENT TRANSPORT**

8. Regularly repeat and document ABCD physical examinations and physiological observations in order to identify trends in clinical deterioration