Toxicology Scenario 1

19 YOM Opioid Overdose

Scenario Set Up	Equipment needed: BVM, O2, suction/OPA, naloxone (Narcan), pulse ox PROCTOR: You are a 19-year-old male, unconscious/minimally responsive. A friend is present and provides most of the information. Only respond to painful stimuli (groan or slight movement).
Dispatch	Respond C1 to an unconscious person/possible overdose.
Scene Size Up	Pt found lying supine on bedroom floor, friend is anxious and states patient "won't wake up."
Pertinent Primary Assessment Findings	A- airway partially obstructed (snoring respirations) B- slow, shallow respirations C- skin pale, cool, cyanotic around lips
Pertinent Secondary Assessment Findings	(SAMPLE provided by friend) S- unresponsive, pinpoint pupils A- unknown M- possibly oxycodone (uncertain dose) P - unknown L - A burrito at lunch E - patient took pills and became drowsy, then stopped responding
Vitals	HR: 50, RR: 6, BP: 90/60, SPO2: 87%,
Treatments	Open airway, insert OPA, assist ventilations with BVM @ 15 LMP**,** administer naloxone(2mg) Monitor SpO2 and reassess respirations Prepare for rapid transport
Key Points	Respiratory depression is the primary life threat, so prioritize breathing before Narcan.
Bonus Questions	What complications can occur after naloxone administration? - Acute withdrawal symptoms such as agitation, vomiting, tachycardia.

Toxicology Scenario 2

20 YOF Ecstasy (MDMA) Toxicity

Scenario Set Up	Equipment needed: O2, BVM, suction, ice packs, IV fluids (if applicable), cardiac monitor, pulse ox PROCTOR: You are a 20-year-old female at a party, conscious but confused and restless. You answer questions inconsistently and appear anxious. A friend is present and provides most of the history.
Dispatch	Respond C2 to a young female with altered mental status at a party.
Scene Size Up	Pt found sitting on the floor of a crowded apartment, sweating profusely, friend states patient "is acting really weird and won't calm down."
Pertinent Primary Assessment Findings	A – airway patent B – rapid, shallow respirations C – skin hot, flushed, diaphoretic
Pertinent Secondary Assessment Findings	(SAMPLE provided by friend) S – confusion, agitation, dilated pupils A – NKA M – none reported P – no significant medical history L – chips and alcohol earlier E – patient took "ecstasy" about an hour ago, has been dancing nonstop, became increasingly anxious, overheated, and confused
Vitals	HR: 130, RR: 28, BP: 150/90, SpO2: 98%, Temp: 102°F
Treatments	Move patient to a cool environment Administer high-flow O2 Initiate active cooling (ice packs to groin, armpits, neck) Monitor airway, breathing, and circulation Prepare for rapid transport
Key Points	Hyperthermia and dehydration are the primary life threats with MDMA use. Rapid cooling is critical. Monitor for complications like seizures.

Bonus Questions	What is another common name used for Ecstacy? - MDMA

Toxicology Scenario 3

45-Year-Old Male – Organophosphate Poisoning

Scenario Set Up	Equipment needed: NRB, O2, PPE (eye protection and gloves), disposable bag for contaminated clothing PROCTOR: Patient is a farmer spraying insecticide (malathion) in a greenhouse. Found by coworker confused, vomiting, drooling, and weak. Strong "garlic" odor present (key indicator of organophosphate exposure). HazMat must declare the scene safe before EMTs enter the cold zone. Coworker available to provide history; can hand off medication bottle if asked. Proctor should simulate copious secretions, SLUDGEM symptoms, and confusion.
Dispatch	Respond to a 45-year-old male, confused and vomiting in a field.
Scene Size Up	Await HazMat clearance, they cleared it. Additional resources: HazMat, ALS, Medical Control
Pertinent Primary Assessment Findings	AVPU: Responds to verbal but confused A- Partially obstructed by secretions; audible gurgling. Requires suction and manual airway control. B- Rate 28/min, labored, gurgling sounds. SpO_2 86% on room air → improves to 95% with high-flow O_2. C- Pulse 48 bpm (bradycardia), weak, skin pale/cool/diaphoretic. Strong radial pulse, HR 118, cap refill <2 sec, skin warm/pink TRANSPORT PRIORITY: LOAD AND GO! Airway compromise and toxin exposure

Pertinent Secondary Assessment Findings	S - Confusion, drooling, vomiting, tearing, urination, diarrhea. A- None M- None P - Healthy, no cardiac or respiratory issues L - Ate breakfast 2 hours ago – eggs and sausage burrito E - Spraying insecticide (malathion) inside greenhouse before collapse; coworker smelled strong chemical odor. Physical Exam: Pinpoint pupils (miosis); Excessive secretions (saliva, tears); Nausea/vomiting SLUDGEM symptoms present: S: Salivation L: Lacrimation U: Urination D: Defecation G: GI upset E: Emesis M: Miosis
Vitals	HR: 60, RR: 28, BP: 100/70, SPO2:86% → 95% with O2, T: 98
Treatments	Scene safety confirmed by HazMat. Remove contaminated clothing, double-bag for disposal. Suction airway for excessive secretions. Administer high-flow O_2 via NRB (15 L/min). Contact Medical Control & ALS for medication direction. ALS can come and give their medications for organophosphate poisoning Continuous monitoring: HR, RR, secretions, mental status, SpO_2. Transport rapidly once stable.
Key Points	Scene safety first!! Expect SLUDGEM symptoms in all organophosphate cases. Transport even if patient improves – rebound toxicity possiblei
Bonus Questions	What does SLUDGEM stand for?