Northwest Community EMS System
September 2026 CE: Drug Exposure / Poisons / CO / Cyanide
Credit Questions

Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	☐ Acceptable ☐ Not acceptable	☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	☐ Acceptable ☐ Not acceptable	☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

This packet should take 2 hours to complete – which earns the equivalent of the 2 hour live CE class.

Sources of information/answers

September CE Participant slide deck handout and NWCEMSS SOPs

1. What PPE should EMS wear when suspecting Ebola? _____

2. What are the signs & symptoms of Ebola? _____

3. List 4 things we know about CO & CO exposures
   1. _____
   2. _____
   3. _____
   4. _____
   5. _____
   6. _____

4. What are the signs & symptoms of Carbon Monoxide Poisoning? _____

Class Exercise to be completed individually: Using your SOPs and any additional online resources (i.e. google) complete the blank sections of the mind maps for each of the eight toxins. Mind maps will be attached to the end of the credit questions

After completion of the mind map class exercises, return to this section to find the answers for treatments.

5. A patient has AMS and a respiratory rate of 8. What is the initial naloxone dose (ALS, IVP/IO)?
   a. 0.4 mg
   b. 1 mg
   c. 2 mg
   d. 4 mg

6. How often may naloxone be repeated until breathing is adequate?
   a. Every 1 minute
   b. Every 2 minutes
   c. Every 5 minutes
   d. Every 10 minutes

7. What is the maximum total naloxone dose per EMS crew before additional doses require OLMC authorization?
   a. 2 mg
   b. 4 mg
   c. 6 mg
   d. 8 mg

8. A patient took only benzodiazepines and is drowsy but breathing adequately with stable vitals. What's the appropriate treatment?
   a. Flumazenil IV
   b. Naloxone IN
   c. Supportive care only
   d. Sodium bicarbonate

9. A patient on stimulants is violent, combative, and severely agitated with undifferentiated delirium. What's the recommended sedation approach?
   a. Midazolam standard dosing only
   b. Ketamine sedation dose
   c. Glucagon 1 mg IVP
   d. Sodium bicarbonate 1 mEq/kg

10. A stimulant-toxicity patient has a generalized tonic-clonic seizure. What's the treatment?
    a. Ketamine IM
    b. Atropine IVP
    c. Midazolam standard dosing
    d. Naloxone IN

11. What is the core management approach for a patient with hallucinogen toxicity showing paranoia and agitation?
    a. Naloxone plus restraints
    b. Quiet environment devoid of stimulation, supportive care
    c. Atropine 1 mg IVP repeated q3min
    d. Glucagon 1 mg IVP

12. A pesticide-exposed patient shows salivation, lacrimation, bronchorrhea, and bradycardia (SLUDGEM + Killer Bs). What's the antidote?
    a. Naloxone
    b. Glucagon
    c. Atropine
    d. Sodium bicarbonate

13. How is atropine dosed for organophosphate poisoning, and how does the usual dose limit apply?
    a. 1 mg IVP/IO, repeat q3min until secretions diminish — usual dose limit does NOT apply
    b. 0.5 mg IVP once, hard max
    c. 1 mg IVP q10min, max 3 mg
    d. 2 mg IM single dose only

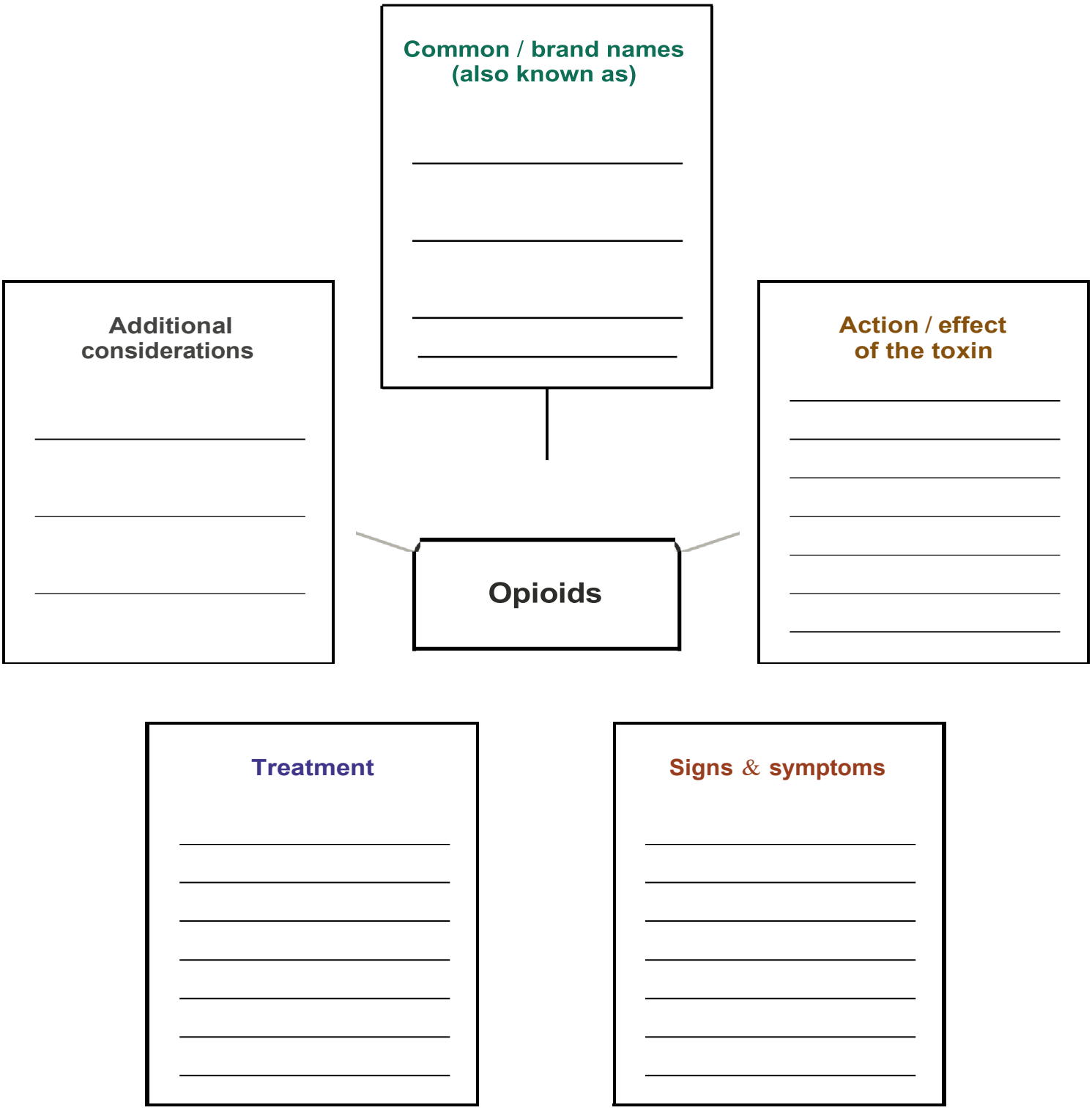
14. A beta blocker overdose patient has HR 45 and SBP 80, unresponsive to drugs and pacing per the Bradycardia SOP. What's indicated?
    a. Glucagon 1 mg IVP/IO
    b. Atropine 1 mg IVP
    c. Naloxone 1 mg IN
    d. Ketamine 2 mg/kg IVP

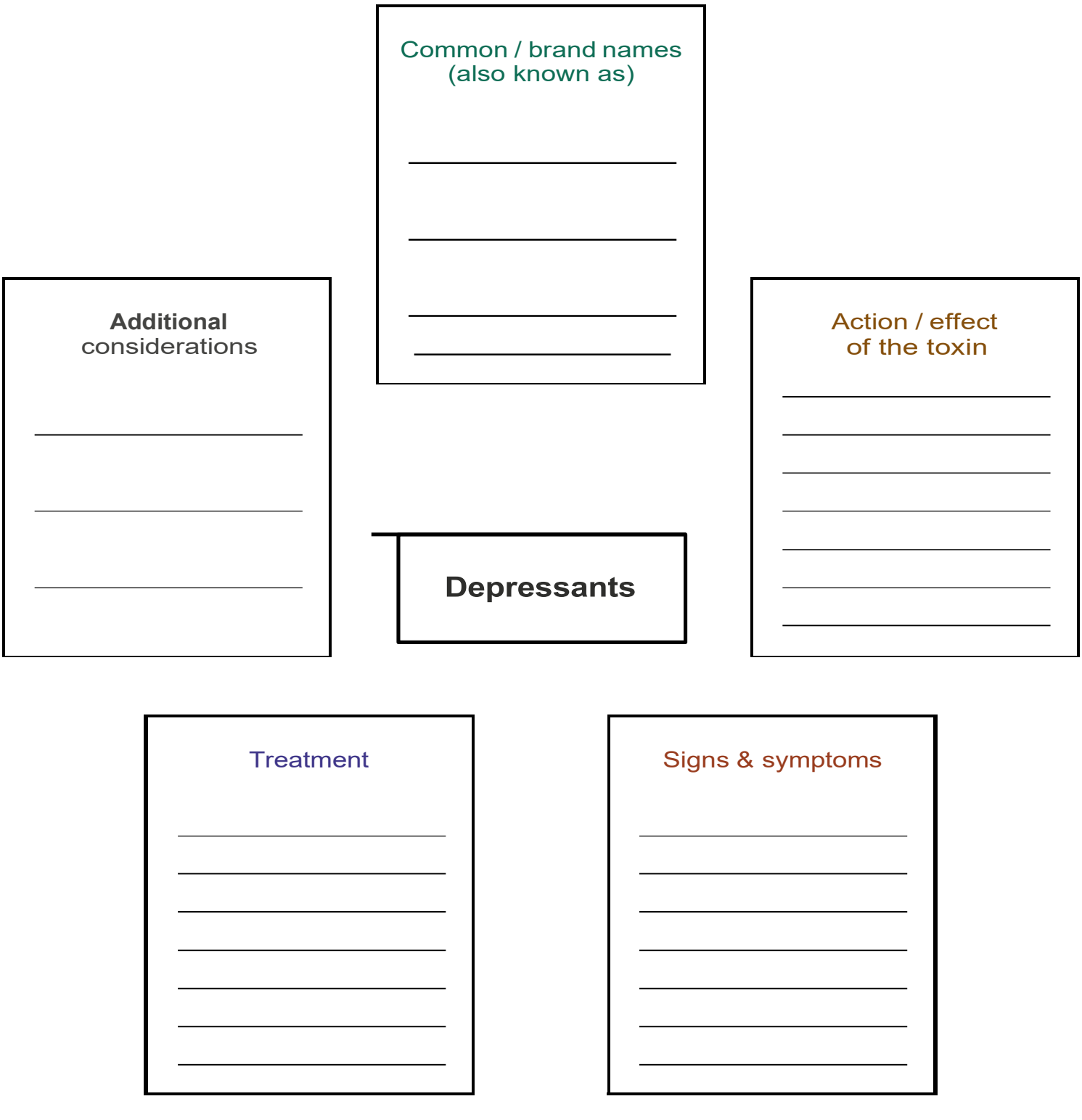
15. A TCA overdose patient shows a wide QRS on the monitor. What's the treatment?
    a. Midazolam 2 mg IVP
    b. Sodium bicarbonate 1 mEq/kg IVP
    c. Naloxone 1 mg IVP
    d. Ketamine 4 mg/kg IM

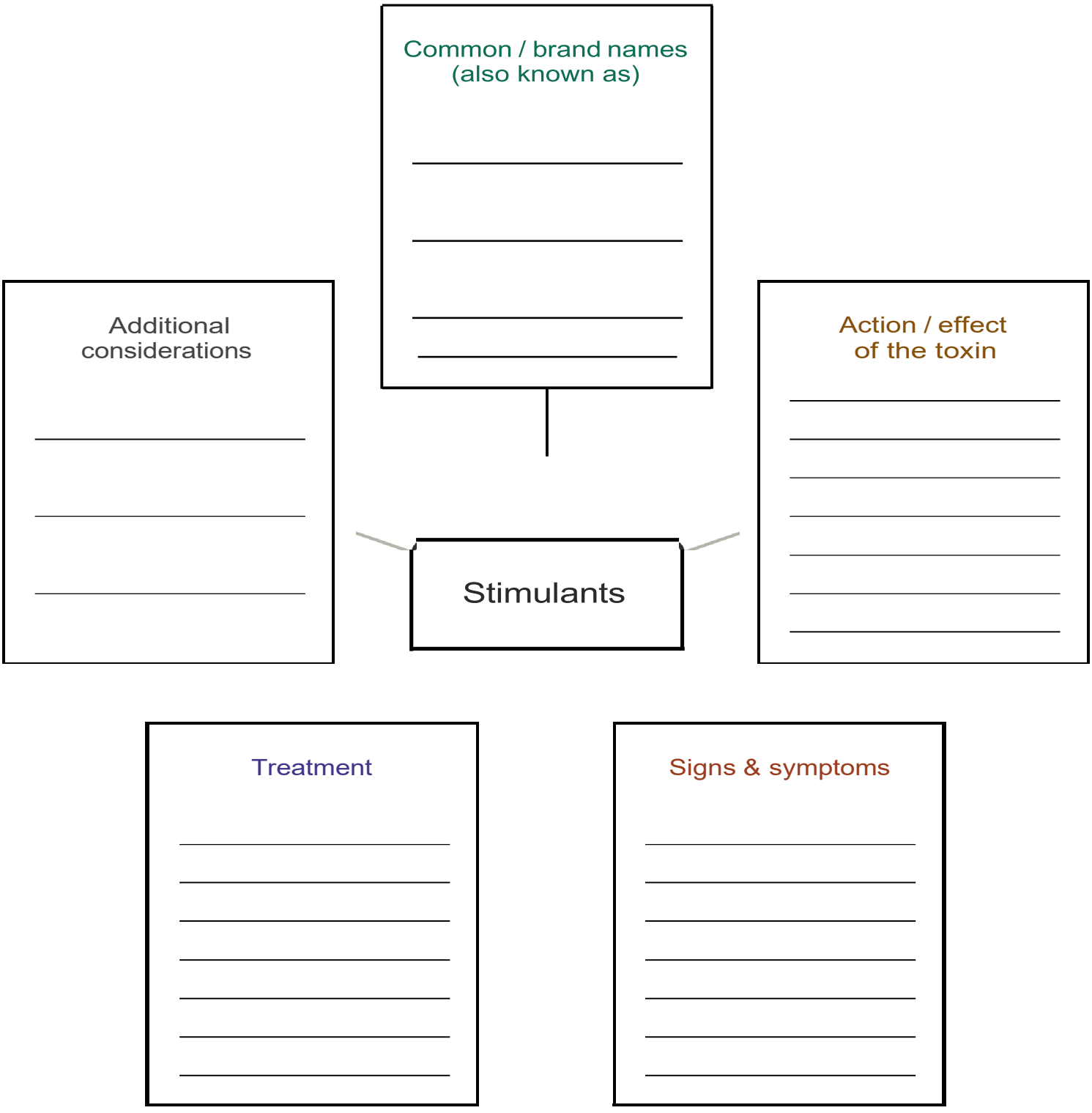
16. What is the maximum single dose of sodium bicarbonate for wide QRS in cyclic antidepressant toxicity, and when should it be repeated?
    a. Max 50 mEq; repeat if BP drops, mental status worsens, wide QRS persists, or dysrhythmias occur
    b. Max 10 mEq; repeat every 10 minutes regardless of response
    c. Max 100 mEq; one-time dose only
    d. No max; repeat only if requested by the patient

17. A patient overdosed on a DXM-containing cough product. What should you specifically check for, beyond supportive care?
    a. Salicylate or acetaminophen intoxication, since these are often coformulated
    b. Opioid withdrawal only
    c. Organophosphate exposure
    d. GHB co-ingestion

18. A DXM overdose patient's cough product was coformulated with diphenhydramine, and the ECG shows a wide QRS with an abnormal R wave in aVR. What's the treatment?
    a. Atropine 1 mg IVP q3min
    b. Sodium bicarbonate, as for cyclic antidepressants
    c. Naloxone 1 mg IN
    d. Glucagon 1 mg IM


Common / brand names (also known as)
Additional considerations
Action / effect of the toxin
Opioids
Treatment
Signs & symptoms


Common / brand names
(also known as)
Additional
considerations
Depressants
Action / effect
of the toxin
Treatment
Signs & symptoms


Common / brand names
(also known as)
Additional
considerations
Action / effect
of the toxin
Stimulants
Treatment
Signs & symptoms

Hallucinogens

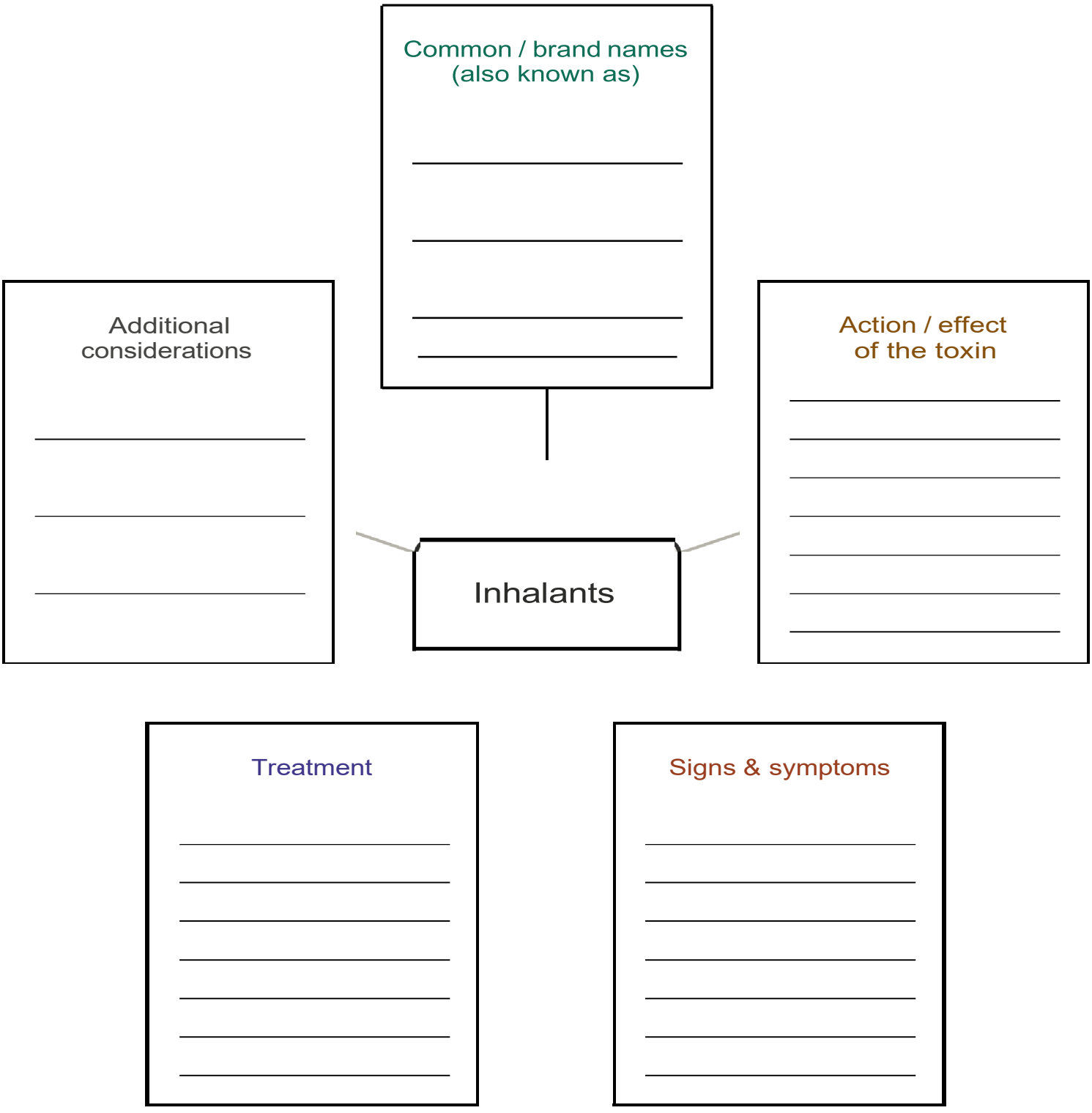
Common / brand names (also known as)

Additional considerations

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Signs & symptoms


Common / brand names
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Organophosphates

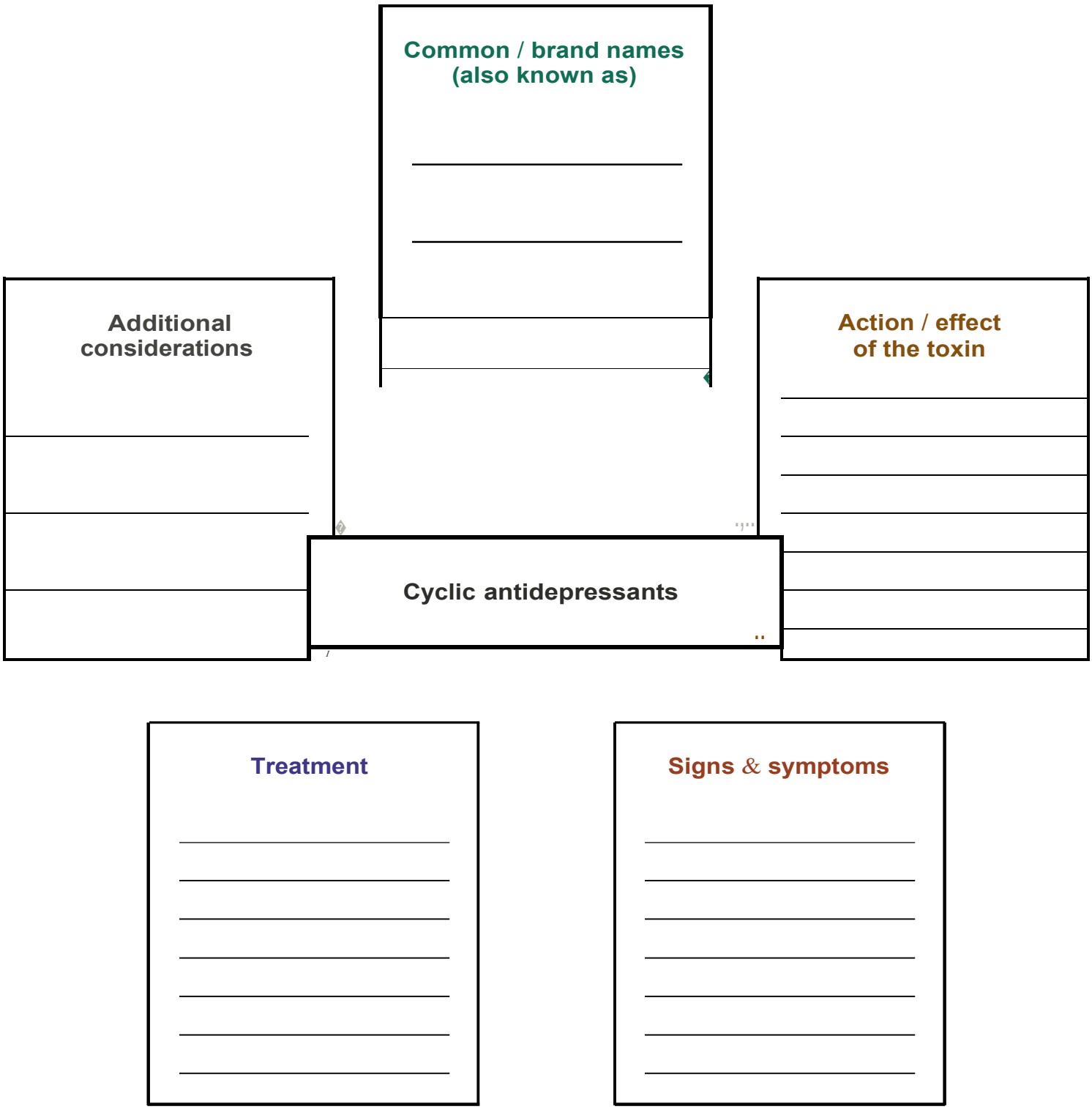
Common / brand names (also known as)

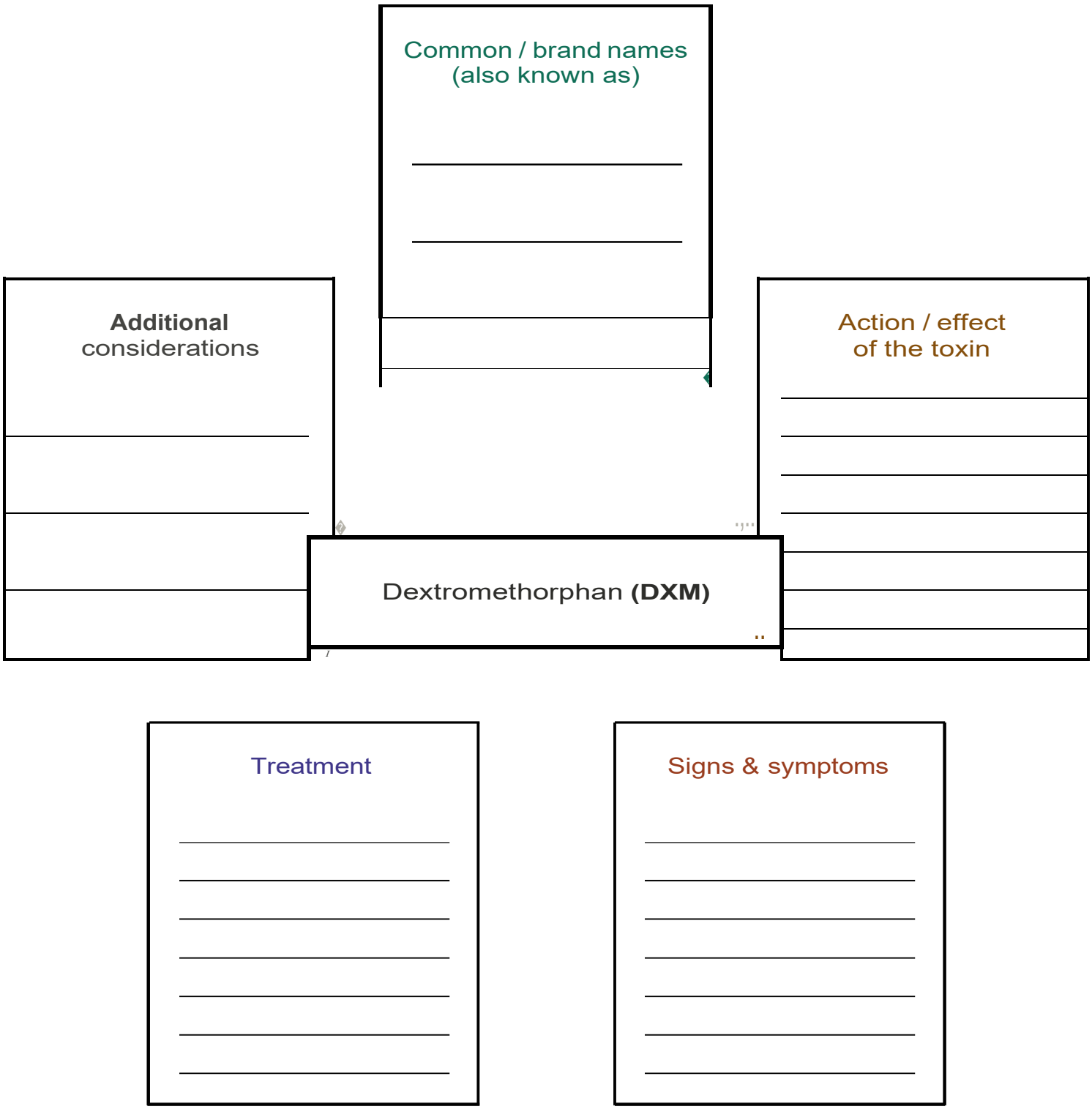
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Common / brand names (also known as)
Additional considerations
Action / effect of the toxin
Cyclic antidepressants
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Common / brand names
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Additional
considerations
Action / effect
of the toxin
Dextromethorphan (DXM)
Treatment
Signs & symptoms