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FIRST AID FOR POISONING AND OVERDOSES

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*A COPY OF THIS DOCUMENT SHALL BE
ATTACHED TO THE INSIDE DOOR OF EACH
POISON ANTIDOTE LOCKER.*

Part I

INTRODUCTION

1. This publication is intended to serve as an instruction for non-medical personnel for the first aid treatment for poisonings or exposure to poisons. Medical aid should be sought in all cases as soon as feasible. These guidelines are general and should not be substituted for sound judgment and common sense.
2. A toxin (or poison) is a substance which through its chemical action usually kills, injures, or impairs a person. A toxic exposure may not cause an individual to have symptoms immediately. When symptoms develop, the individual is considered poisoned. One of the goals of first aid is to prevent toxic exposures from becoming poisonings.
3. An overdose is the excessive administration of a substance that taken in small amounts would not necessarily be considered toxic, but in large amounts can be toxic.
4. A poisoning/overdose treatment locker should be located so that it is readily accessible and visible to all personnel. It should be unlocked but must be sealed. The locker should contain the items set forth in Part II. All contents must be clearly labeled. Additional items may be added to meet local needs. Concise and clear directions for their use must be provided.
5. The items contained in the antidote locker (Part II) may be administered by non-medical personnel following the directions given.
6. General instructions for the management of toxic exposures are given in Part III. Initial management for exposure to certain types of substances is contained in Part IV. Cross-references for specific substances, including common drugs of abuse and their "street" or slang names, are contained in Part V.

Part III

GENERAL MANAGEMENT OF EXPOSURE TO POISON

1. An individual can become exposed to a toxin (poison) by six routes of entry:
 - a. Ingestion (swallowing)
 - b. Eye exposure
 - c. Skin exposure
 - d. Inhalation (breathing)
 - e. Bites of venomous animals
 - f. Intravenous injection (by needle)
2. In *all* cases, the responsibility of non-medical personnel to a victim of a toxic exposure is to:
 - a. Provide emergency first aid and summon help.
 - b. Prevent, if possible, further absorption of the toxic substance.

NOTE: It is a common misbelief that there are antidotes that reverse or neutralize the effect of a poison. These are few in number and these are usually not to be given by non-medical personnel.

3. Emergency First Aid

- a. Send for medical help. The phone number of the nearest Regional Poison Information Center should be posted on the outside of the antidote locker and on the inside of the door.
- b. Determine the substance contracted and the route of exposure. Save all containers, uningested tablets or anything which might help in identifying the agent contacted. If the route of exposure is inhalation or via the

CONTENTS OF POISONING/OVERDOSE TREATMENT LOCKER

Part II

8950-01-079-3978	1 quart	Stock Number
6505-00-480-7216	360 milliliters	
6505-00-135-2881	15 grams	
6505-00-926-9197	30 milliliters	
6505-01-072-3623	1/2 pound	
6530-00-780-7000	30 milliliters	
6505-00-141-1900	120 grams	

*Size
1 quart
360 milliliters
15 grams
30 milliliters
1/2 pound
30 milliliters
120 grams

Item	Quantity
Acetic acid 5% (vinegar)	1
Aluminum hydroxide gel	8
Charcoal, activated	8
Ipecac syrup	3
Magnesium sulfate	1
Meat tenderizer with MSG (Adolf's)	1
Medicine cups	2
Soap, surgical	1
Tongue blades	10

*Quantities to which the stock numbers refer.

skin, contamination of the rescuer is possible. *Don't become a casualty yourself.*

c. If the victim is not breathing and/or has no pulse, begin cardiopulmonary resuscitation (CPR) by the standards taught by the American Heart Association or the American Red Cross.

d. If the victim is unconscious or sedated, lay him on his left side with his head slightly lower than his trunk, to allow secretions to drain from his mouth to prevent choking.

e. Do not try to force liquids into an unconscious or sedated victim.

f. If the victim is having a seizure, protect him from injury until it stops. Do not attempt to force open the mouth. Do not attempt to restrain the victim or stop the seizure.

4. Prevention of further absorption

a. If the victim has an eye exposure, the eye(s) should be thoroughly rinsed with *clean tap water*, 20-30 minutes at a minimum. Great care should be exercised not to injure the eyeball while rinsing.

b. If the victim has a skin exposure, all contaminated clothing should be removed with great care, avoiding exposure to the rescuer. The skin should be thoroughly rinsed with tap water, 20-30 minutes at a minimum. Soap and water may be useful in removing oily material.

c. If the victim is exposed by inhaling, remove the patient from the environment of exposure. CPR providers can become exposed doing mouth-to-mouth ventilation. *Don't become a casualty yourself.*

d. If exposed to animal venom, the victim should be kept quiet and the exposed part of the body kept from unnecessary movement. See Part IV Section 24b of this instruction for further specific management. *Do not* pack exposed parts in ice. *Do not* use tourniquets or hard splints.

e. If the victim is exposed by ingestion (swallowing)—the most common route—absorption from the stomach can be prevented by having the victim swallow one of the following, depending on the type of poison:

- (1) Water or milk to dilute the poison.
- (2) Syrup of ipecac to cause vomiting.
- (3) Activated charcoal to bind the toxin.
- (4) Magnesium sulfate to cause an increase in the action of the bowels.

NOTE: Before using any medication, check label for dosage required. The following dosages are for adults unless otherwise noted.

Ipecac syrup is a liquid preparation which induces vomiting in most people within 30 minutes of ingestion. It is a safe preparation when administered appropriately. The adult dose is 30 ml (milliliters) or 1 fluid ounce by mouth followed by 2 glasses (16 ounces) of water. In children, the dose is 15 ml or 1 tablespoon by mouth followed by at least 1 glass (8 ounces) of water. *Ipecac should never be administered to anyone who is lethargic or has swallowed a caustic or petroleum distillate.*

Activated charcoal will absorb many different toxins onto its surface. It, therefore, will bind toxins in the gut, preventing their absorption into the body. The dose is 60 grams (2 ounces by weight), premeasured and mixed with 8 to 12 fluid ounces of water. Ipecac syrup is ineffective when taken by a person who is also taking activated charcoal.

Magnesium sulfate (Epsom salts) is a cathartic, which speeds up passage of material through the intestines, decreasing the amount of time the toxin is in contact with the lining of the gut and limiting its absorption. It is usually given after activated charcoal in a dose of 15 to 20 grams (1/2 to 2/3 ounces by weight) mixed with 4 to 8 fluid ounces of water.

TYPES OF POISONS AND INITIAL MANAGEMENT OF EXPOSURES

For the majority of poisons listed in this management section, ingestion (swallowing) is the route of exposure. General management instructions for inhalation or body surface exposure (including eye) are given in Part III. Exceptions are noted below.

Since many of the exposures by swallowing can be managed initially in the same manner, two basic management plans are listed below and referred to in the discussion of the various individual toxins:

Management A:

- 1) Summon medical help.
- 2) Administer 30 milliliters (1 fluid ounce) of *syrup of ipecac* and 16 ounces (1 pint) of water, if the victim is awake and alert.

If medical help has not arrived in 15 minutes after victim last vomited, then:

- 3) Administer 60 grams of *activated charcoal* mixed with 8 fluid ounces of water, followed by *magnesium sulfate* 20 grams mixed with 4 to 8 fluid ounces of water.
- 4) If the victim vomits, readminister the activated charcoal; and after ten minutes, readminister the magnesium sulfate.

Management B:

- 1) Summon medical help.
- 2) *Do not* induce vomiting.
- 3) Victim should swallow water or milk, given 4 ounces at a time, to a total volume of 16 ounces (1 pint).

SPECIFIC POISONS

Note: for slang or brand names, see Part V - Cross Reference.

1. *Acetaminophen*: A safe analgesic when taken as directed, but highly toxic when ingested in moderately large quantities (20-30 tablets). Often found as a component in a combination drug. Toxicity is delayed and victims often have no early symptoms.

Management A

2. *Acids*: May be component of large number of solvents or cleaning solutions. Diluted acid solutions may be non-toxic. Swallowing strong acid solution can be severely damaging. Victims will complain of burning in the mouth, in contrast to alkalis which often do not produce oral symptoms.

Management B: In addition to water or milk, aluminum hydroxide gel (antacids) can usually be given without harm, but large quantities (4 fluid ounces) are probably necessary to provide any benefit.

3. *Alcohol, ethyl*: The active ingredient of all intoxicating spirits, such as wine, whiskey, gin, grain alcohol, etc. Safe when taken in small quantities but potentially lethal when taken rapidly (as in a "chug-a-lug" contest). Deaths occur because of difficulty breathing.

Management: Anyone so intoxicated as to be unarousable or to be breathing less than 10 times a minute should have medical assistance. Inducing vomiting will do no good and can be dangerous. Coffee *does not* reverse the effects of ethyl alcohol.

4. *Alcohol, isopropyl*: Rubbing alcohol or sterilizing agents. Often seen in combination with other ingredients in solvents. Twice as potent as ethyl alcohol. Causes death primarily by reducing breathing.

Management: Any case of ingestion should receive medical attention. If the victim has signs of intoxication,

vomiting should *not* be induced. If the victim has swallowed a large amount and has no sign of intoxication, use Management A.

5. *Alcohol, methyl*: Widely used in industry as a solvent. Commonly known as "wood alcohol." Highly toxic, with fatal dose being 2 or more ounces. May cause irreversible blindness.

Management: Same as isopropyl alcohol

6. *Alkalis*: Large class of very caustic basic materials found in drain cleaners, oven cleaners, liquid lye (sodium hydroxide). Ingestion may cause severe esophageal burns even in the absence of visible burns in the mouth.

Management B: Use water rather than milk.

7. *Amphetamines*: Potent stimulants known as "speed," often abused. Mild overdoses manifested by agitation, irritability, insomnia. More severe symptoms include marked confusion, fever, self-injury, convulsions.

Management A: Highly agitated victims may require physical restraint for protection of themselves and others.

8. *Anticholinergics*: Found in large number of compounds including over-the-counter cold remedies, sleep aides and analgesics. Also found in many plants, including some mushrooms, jimson weed, nutmeg, and deadly nightshade. Symptoms include flushed appearance; warm, dry skin; dry mouth; confusion; and disorientation.

Management A.

9. *Barbiturates*: Group of drugs used as sedatives commonly known as "downers." Greatest risk in overdose is reduced breathing.

Management A.

10. *Benzodiazepines*: Group of sedatives of which Valium is the most common. Causes drowsiness, lethargy, and coma in overdose. *When taken together with alcohol can be very dangerous.*

Management A.

11. *Cocaine*: A stimulant, commonly used to produce euphoria ("a high"). Usually taken intranasally ("snorted") or intravenously. Ingestion not preferred route since the chemical is partially inactivated in the stomach. The drug is sometimes smuggled by swallowing rubber condoms filled with cocaine. Fatalities have been reported with *all* routes of administration. Severe symptoms include seizures and heart rhythm disturbances.

Management: An overdose by the nasal or intravenous route has no treatment by non-medical personnel except for airway maintenance. Individuals suspected of condom ingestion should *not* be made to vomit as this may cause breakage. All victims should be referred to medical personnel.

12. *Cyanoacrylate*: Widely used bonding adhesives which bonds to human tissue in seconds. Swallowing is nearly impossible since the material bonds quickly to mouth.

Management: If skin, eyelids or lips are bonded, warm water can be applied and the surface *peeled* apart gently, not pulled apart by direct opposing action. Acetone can be used as a solvent but not in the eye.

13. *Ethylene glycol*: The active ingredient in most anti-freeze. Sweet tasting and extremely toxic. Victims may appear drunk but without the odor of alcohol. All ingestions should be referred to medical personnel.

If the victim does not seem intoxicated, then use Management A.

14. *Hallucinogens*: Incorrect term for a large number of compounds which alter states of mind. Types include LSD, STP, Mescaline, PCP and Psilocybin, usually taken in small doses. These can cause acute panic reactions ("bad trips"), which require only psychological support ("talking down"). Large doses, usually taken as an error, can be fatal.

Management: Supportive only.

15. *Halogenated hydrocarbons*: A group of compounds used in industrial applications and solvents. Examples

include carbon tetrachloride, chloroform, and methylene chloride. Usual exposure is by inhalation of vapors causing non-specific early symptoms such as dizziness, tingling in fingers, nausea.

Management: Supportive only. Remove victim from environment. Administer oxygen when available.

16. *Iron*: Found in numerous vitamin preparations and tonics for treating iron-deficiency anemia. When taken as an overdose can cause severe symptoms, the earliest of which are nausea, vomiting, and diarrhea, often bloody.

Management: If the ingestion has not already caused vomiting, use Management A.

17. *Marijuana*: Common recreational drug smoked or ingested to create euphoria ("a high"). May create acute anxiety or panic in large doses or in the inexperienced user. The active ingredient is THC (tetrahydrocannabinol). The unsophisticated user may take PCP (phencyclidene) as a cheap substitute for THC.

Management: Supportive only.

18. *Mercury*: Commonly found in multiple industrial applications including the manufacture of electrical equipment, paints, plastics, and agricultural fungicides. Breathing mercury vapor or swallowing mercury salts will cause most of acute toxicity.

Management for inhaling mercury vapor: remove victim from environment, administer oxygen and anticipate further respiratory problems.

Management for swallowing mercury salt: Management A.

19. *Opiates*: A class of major analgesics used to relieve intense pain. Used illicitly for mood altering effects. Taken orally (by mouth) or intravenously (by needle). Overdosage can cause lethargy, coma, reduced breathing, convulsions, and death.

Management, if taken by needle: Supportive only.

Management, if taken by mouth: Management A.

20. *Pesticides*: Four varieties are in common usage: a) organophosphates, b) carbamates, c) organochlorines and d) pyrethrum. The pyrethrum is contained in most household sprays and are rarely involved in severe toxicity. The most common organochlorine in use is lindane, the active ingredient in Kwell, used for scabies and body lice. The organophosphates and carbamates are the most commonly used commercial pesticides and can be toxic with ingestion or significant body surface exposure.

Management for body surface exposure: remove contaminated clothing and wash body surface with water or soap and water.

Management for ingestion: Management A.

21. *Petroleum distillates*: A large list of compounds which are usually byproducts of crude oil. The list also includes other hydrocarbons such as turpentine, which are not made from crude oil. The immediate risk of a low viscosity hydrocarbon ingestion is that the material may enter the lungs which can cause severe chemical pneumonia. Since vomiting may cause the material to be inhaled, it is generally not recommended. Contact a Regional Poison Center for the best advice. Diesel oils, petroleum jelly or other "thick" distillates pose little risk of inhaling or toxicity.

Management B.

22. *Salicylates*: A group of compounds of which aspirin is the best known. Used alone or in conjunction with other drugs for the relief of pain and inflammation. Because of its ready availability, it is sometimes taken by the suicidal individual. A large ingestion can cause severe problems later but few early symptoms.

Management A.

23. *Sodium hypochlorite*: Household bleach. When swallowed, it is usually irritating but not caustic. Bleach should never be mixed with acids or ammonia since toxic chlorine and chloramine gas will be released.

Management B.

24. *Venom from animal bites.*

a. *Marine Life:*

(1) *Jellyfish and Portuguese Man-of-War:* These are two of the common varieties of invertebrates which are characterized by long tentacles equipped with nematocysts (stingers). The nematocysts have the capability of continuing to discharge their venom even when dry. First aid therapy is aimed primarily at removing remaining nematocysts and giving symptomatic relief to the burning, intense pain they cause. Man-of-War stings can cause severe symptoms, including generalized symptoms of headache, nausea, or muscle cramps. No documented deaths have been reported.

First Aid:

- (a) Remove remaining tentacles by picking them off wearing rubber gloves or scraping them off with ID or credit card or tongue blade. Rescuer should avoid directly touching the tentacles. *Do not rub skin of victim.*
- (b) Wash the wound with alcohol or vinegar or sprinkle with meat tenderizer to prevent the nematocysts from further discharge.
- (c) Symptomatic relief can be provided by applying ammonia, lemon juice, or a paste of baking soda, to affected area of skin.

(2) *Sting rays:* Most wounds are produced on the ankle or foot as a result of stepping on a ray. The sting is most often more like a laceration since the large tail barb can do significant damage. The venom causes intense burning pain at the site. Systemic symptoms and death have been reported.

First Aid: Immersing the injured part of the body in hot water for 30-60 minutes affords considerable relief. The water must *not* be hot enough to cause a burn. The wound should be managed by medical personnel.

b. *Snakes:* There are four poisonous snakes in the United States: three pit vipers - rattlesnakes, copperheads

and water moccasins (or cottonmouths); and elapid coral snakes.

The definitive treatment of snake bite is the administration of antivenin by medical personnel. First aid for snake bite by lay persons can be dangerous if done in a haphazard manner by untrained or inexperienced individuals.

First aid for pit viper bites:

- (1) Calm the victim down.
- (2) Lay the victim down with bitten extremity (most common site of bite) at rest. A *soft* object, such as a pillow, can be used to keep the affected part of the body motionless.

- (3) Seek medical help.

c. *Spiders:*

(1) *Black Widow:* The female spider, black with red "hour glass" on the underside of the abdomen, is the only member of the species which has dangerous venom. But the amount of venom is so small that bites cause human beings only minimal symptoms. Deaths are nearly non-existent. Symptoms are cramping muscle pain in the limb where the bite occurred. Individuals with symptoms should be referred to medical personnel for treatment.

First Aid: None other than reassurance is necessary. Specifically *no* attempt should be made to extract venom surgically.

(2) *Brown Recluse "Fiddle-Back" Spider:* The spider is small, brown, and hard to distinguish. A fiddle-shaped marking can sometimes be seen under magnification on the back. Bites may cause local ulceration over days and the management of the ulceration should be referred to medical personnel. Rarely can the bite cause systemic toxicity.

First Aid: None other than reassurance, with *no* attempt at surgical removal of venom.

CROSS REFERENCE OF COMMON NAMES
TO TYPES OF POISONS

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
"acid"	Hallucinogens	9
After-shave lotion	Alcohol, isopropyl	7
Alka-seltzer	Salicylates	11
Ammonia	Alkalis	8
Amobarbital	Barbiturates	8
Amytal	Barbiturates	8
Anacin	Salicylates	11
Anacin-3	Acetaminophen	7
"angel dust"	Hallucinogens	9
Antifreeze	Ethylene glycol	9
APAP	Acetaminophen	7
Artane	Anticholinergics	8
Ascriptin	Salicylates	11
Aspirin	Salicylates	11
Ativan	Benzodiazepines	8
Atropine	Anticholinergics	8
Battery acid	Acids	7
Baygon	Pesticides	11
Benadryl	Anticholinergics	8
"bennies"	Amphetamines	8
Benzedrine	Amphetamines	8
"black beauties"	Amphetamines	8
Bleach	Sodium hypochlorite	11
"blotter-acid"	Hallucinogens	9
Brasso	Petroleum distillates	11
Bufferin	Salicylates	11
Butabarbital	Barbiturates	8
Carbon tetrachloride	Halogenated hydrocarbons	9
Chlordane	Pesticides	11

CROSS REFERENCE OF COMMON NAMES
TO TYPES OF POISONS (Cont'd)

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
Chloroform	Halogenated hydrocarbons	9
Clinitest Reagent Tablets	Alkalis	8
Codeine	Opiates	10
Cogentin	Anticholinergics	8
"coke"	Cocaine	9
Compazine	Anticholinergics	8
"co-pilots"	Amphetamines	8
"crank"	Amphetamines	8
"crystal"	Amphetamines	8
Crystalline Dran-O	Alkalis	8
Dalmane	Benzodiazepines	8
Darvocet	Opiates	10
Darvon	Opiates	10
Datril	Acetaminophen	7
Dexedrine	Amphetamines	8
"dexies"	Amphetamines	8
Dilaudid	Opiates	10
DOM	Hallucinogens	9
"downers"	Barbiturates	8
Easy-off Oven Cleaner	Alkalis	8
Electrosol Dishwasher Detergent	Alkalis	8
Empirin	Salicylates	11
Ethanol	Alcohol, ethyl	7
Excedrin	Salicylates	11
Excedrin Extra Strength	Acetaminophen	7
Excedrin PM	Acetaminophen	7

CROSS REFERENCE OF COMMON NAMES
TO TYPES OF POISONS (Cont'd)

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
Femiron	Iron	10
Feosol	Iron	10
Fergon	Iron	10
Fiorinal	Salicylates, Barbiturates	11, 8
"flake"	Cocaine	9
Flintstones Plus Iron	Iron	10
Gasoline	Petroleum distillates	11
"H"	Opiates	10
Haldol	Anticholinergics	8
Heroin	Opiates	10
"hog"	Hallucinogens	9
"horse"	Opiates	10
Hot Shot Products	Pesticides	11
Hydrochloric acid	Acids	7
Hydrofluoric acid	Acids	7
Instant Glue	Cyanoacrylate	9
Isopropanol	Alcohol, isopropyl	7
"joint"	Marijuana	10
"junk"	Opiates	10
Kerosene	Petroleum distillates	11
Klonopin	Benzodiazepines	8
Krazy Glue	Cyanoacrylate	9
Kwell	Pesticides	11
Librium	Benzodiazepines	8
Lighter fluids	Petroleum distillates	11
Liquid Dran-O	Alkalis	8
Liquid Plumber	Alkalis	8

CROSS REFERENCE OF COMMON NAMES
TO TYPES OF POISONS

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
Listerine	Alcohol, ethyl	7
Lomotil	Opiates	10
LSD	Hallucinogens	9
Magic Glue	Cyanoacrylate	9
Malathion	Pesticides	11
"Mary Jane"	Marijuana	10
Methylated spirits	Alcohol, methyl	8
Mescaline	Hallucinogens	9
Methadone	Opiates	10
Methanol	Alcohol, methyl	8
Methedrine	Amphetamines	8
Methylene chloride	Halogenated hydrocarbons	9
Midol	Salicylates	11
Mineral Seal Oil	Petroleum distillates	11
Morning glory seeds	Hallucinogens	9
Muriatic acid	Acids	7
Natalines	Iron	10
Nembutal	Barbiturates	8
Nitric acid	Acids	7
"nose candy"	Cocaine	9
Nutmeg	Hallucinogens	9
Nyquil	Alcohol, ethyl	7
Oil of Wintergreen	Salicylates	11
One-a-Day Plus Iron	Iron	10
Panadol	Acetaminophen	7
Parafon-Forte	Acetaminophen	7
PCP	Hallucinogens	9
"peace pill"	Hallucinogens	9

CROSS REFERENCE OF COMMON NAMES
TO TYPES OF POISONS

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
"speed"	Amphetamines	8
Sterno	Alcohol, methyl	8
STP	Hallucinogens	9
Stuart Formula	Iron	10
Sulfuric acid	Acids	7
Super Glue	Cyanoacrylate	9
Talwin	Opiates	10
TEPP	Pesticides	11
Terpin Hydrate Elixir	Alcohol, ethyl	7
THC	Marijuana	10
"toot"	Cocaine	9
"trank"	Hallucinogens	9
Tranxene	Benzodiazepines	8
Trichloroethylene	Halogenated hydrocarbons	9
Turpentine	Petroleum distillates	11
Tylenol	Acetaminophen	7
Tylox	Opiates, Acetaminophen	10, 7
Unicap Plus Iron	Iron	10
Unisom	Anticholinergics	8
"uppers"	Amphetamines	8
Valium	Benzodiazepines	8
Vanquish	Acetaminophen	7
WD-40	Petroleum distillates	11
"weed"	Marijuana	10
"whites"	Amphetamines	8
"window panes"	Hallucinogens	9
Wood alcohol	Alcohol, methyl	8

CROSS REFERENCE OF COMMON NAMES
TO TYPES OF POISONS (Cont'd)

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
Pentobarbital	Barbiturates	8
Percocet	Opiates	10
Percodan	Opiates	10
Percogesic	Acetaminophen	7
Pertussin Plus	Alcohol, ethyl	7
Petroleum naphtha	Petroleum distillates	11
Peyote	Hallucinogens	9
Phenobarbital	Barbiturates	8
Phosphoric acid	Acids	7
Preludin	Amphetamines	8
Pro-Banthine	Anticholinergics	8
Propoxyphene	Opiates	10
Psilocybin	Hallucinogens	9
Red Devil Drain Opener	Alkalis	8
Red Devil Lye	Alkalis	8
"reds"	Barbiturates	8
Restoril	Benzodiazepines	8
Robinul	Anticholinergics	8
Rubbing Alcohol	Alcohol, isopropyl	7
Rustoleum	Petroleum distillates	11
Scopolamine	Anticholinergics	8
Secobarbital	Barbiturates	8
Seconal	Barbiturates	8
Serax	Benzodiazepines	8
Shell No-Pest Strip	Pesticides	11
"sherman"	Hallucinogens	9
Sleep-eze	Anticholinergics	8
"snow"	Cocaine	9
Sominex	Anticholinergics	8

- a. Dreisbach, Robert H., *Handbook of Poisoning*. Los Altos, Calif.: Lange Medical Publications.
- b. Gleason, Gosselin, Hodge, and Smith, *Clinical Toxicology of Commercial Products*, Baltimore: Williams & Wilkins Company.

Part V

CROSS REFERENCE OF COMMON NAMES TO TYPES OF POISONS (Cont'd)

<i>Common Name</i>	<i>Type of Poison, Part IV</i>	<i>Page</i>
Wood spirits	Alcohol, methyl	8
Wygesic	Acetaminophen	7

Part VI

POISONING/OVERDOSE TREATMENT LOCKERS

1. All Medical Department personnel shall be trained regarding the dangers of poisons and their initial treatment.
2. A separate locker which is prominently marked "Poisoning/Overdose Treatment Locker" shall be located where it is accessible to non-medical personnel. More than one locker may be used on larger ships. The Poisoning/Overdose Treatment Locker shall be of sufficient size to contain the items in Part II.
3. An inventory list for each shelf shall be posted on the inside of the door with a copy of NAVMED booklet, *First Aid for Poisonings and Overdoses*. The address and telephone number of the Regional Poison Control Center shall be posted on the inside of the door, with the telephone number posted on the outside as well.
4. The Poisoning/Overdose Treatment Locker shall be secured with a wire or plastic seal. If the seal is broken, the contents shall be inventoried and replaced, if necessary, and the locker resealed.
5. All personnel involved in Emergency Room treatments shall be thoroughly familiar with the contents of the Poisoning/Overdose Treatment Locker and their uses.
6. Current references, which are recommended to be placed outside the Poisoning/Overdose Treatment Locker or within the Sick Bay, are: