



PEDIATRIC POISONING AND OVERDOSE

Effective: January 1, 2025
Replaces: January 1, 2021

1. Patient Care Goals

- 1.1. Remove patient from hazardous environment. Decontaminate to remove continued sources of absorption, ingestion, inhalation, or injection
- 1.2. Assess risk for organ impairments
- 1.3. Identify antidote or mitigating agent
- 1.4. Treat signs and symptoms in effort to stabilize patient

2. BLS Treatment

- 2.1. Routine Medical Care – Pediatric (700-S05)
- 2.2. Secure patient's airway as appropriate (700-M01)
 - 2.2.1. **Oxygen** – titrate as appropriate
- 2.3. **Blood Glucose Level (BGL)**
- 2.4. Determine the substance and/or dosage of the overdose
- 2.5. If Narcotics or Opioids are suspected:
 - 2.5.1. **Naloxone Intranasal Autoinjector** (EMT-B only), single dose only
 - 2.5.2. If ALS is on scene, Naloxone should be given IV or IM by ALS provider

3. ALS Treatment

- 3.1. **Vascular Access (IV) or Vascular Access (IO)**, per procedure (700-M13)
- 3.2. Utilize length-based resuscitation tape to determine patient weight

4. General Ingestion

- 4.1. Patients less than 1 year old and time of ingestion is less than 1 hour:
 - 4.1.1. **Activated Charcoal 1g/kg PO**, max dose 25gm
- 4.2. Patients greater than 1 year old and if time of ingestion is less than 1 hour:
 - 4.2.1. **Activated Charcoal 25g PO**
- 4.3. Charcoal is contraindicated if patient lacks gag reflex and cannot self-administer, or has ingested substance(s) not bound by charcoal; such as: caustics, lithium, metals, ethylene glycol, iron, methanol, other alcohols, or hydrocarbons

5. Narcotics / Opioids

- 5.1. **Naloxone 0.1mg/kg IV / IM**, titrate to effect, may repeat twice every 2-3 minutes, max dose 5mg, methadone overdose may require repeated doses

6. Tri-Cyclic Anti-Depressants (Amitriptyline, Doxepin, Nortriptyline)

- 6.1. **Sodium Bicarbonate 1mEq/kg IV, IO** max dose 100mEq, for hypotension (700-S05), has seizure and/or a QRS widening greater than 0.12 seconds

7. Organophosphates/ Cholinergics / Pesticides

- 7.1. **Atropine 0.02mg/kg IV, IO** max single dose of 1 mg, repeat every 5 minutes until asymptomatic, multi dose vial should be used, if available

8. Dystonic Reactions

- 8.1. Administer **Diphenhydramine 1mg/kg IV / IM**, max dose 50mg



9. Calcium Channel Blockers (Diltiazem, Verapamil, Nifedipine)

- 9.1. **Glucagon 0.05mg/kg IM**, repeat to a total dose of 1mg
- 9.2. **Calcium Chloride 10% 20mg/kg IV, IO** give over several minutes for persistent hypotension or symptomatic bradycardia, max dose 2gm
- 9.3. **Atropine 0.02mg/kg IV**, min dose 0.1mg, max dose 1mg, for symptomatic bradycardia

10. Beta Blockers (Atenolol, Metoprolol, Nadolol)

- 10.1. **Glucagon 0.05mg/kg IM**, may repeat to a total dose of 1mg
- 10.2. **Atropine 0.02mg/kg IV, IO** min dose 0.1mg, max dose 1mg, for symptomatic bradycardia

11. Pertinent Assessment Findings

- 11.1. Frequent reassessment is essential as patient deterioration can be rapid and catastrophic

12. Key Documentation Elements

- 12.1. Repeat evaluation and documentation of signs and symptoms as patient clinical conditions may deteriorate rapidly.
- 12.2. Identification of possible etiology of poisoning
- 12.3. Initiating measures on scene to prevent exposure of bystanders when appropriate/indicated.
- 12.4. Time of symptoms onset and time of initiation of exposure specific treatments