

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9010.20
	<u>PROGRAM DOCUMENT:</u> Pediatric Overdose and/or Poison Ingestion	Initial Date:	04/25/95
		Last Approval Date:	09/11/19
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 Signature on File
 EMS Medical Director

 Signature on File
 EMS Administrator

Purpose:

- A. To ~~serve as the~~ **establish** treatment standards for pediatric overdose and/or poison ingestion patients.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

- A. The ability to maintain temperature in prehospital settings is a significant problem with a dose dependent increase in mortality for temperatures below 37°C or 98.6°F. Simple interventions to prevent hypothermia can reduce mortality. During transport warm and maintain normal temperature, being careful to avoid hyperthermia.

BLS
<ol style="list-style-type: none"> 1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use lowest concentration and flow rate of O2 as possible. 2. Check Blood Glucose and administer glucose as per Policy 9005-Pediatric Decreased Sensorium. 3. If suspected Opiate OD give Naloxone as per policy 9005-Pediatric Decreased Sensorium. 4. Airway adjuncts as needed. 5. Transport. <p>If poison control has been contacted, relay the poison control information/advice to the base hospital.</p>
ALS
<ol style="list-style-type: none"> 1. Cardiac Monitoring. 2. Establish vascular access and administer 20ml/Kg fluid bolus if systolic blood pressure (SBP) is less than minimum for age. 3. If patient has an altered level of consciousness, or is having seizures, or is hypotensive, follow appropriate protocol. 4. If non-responsive, cannot swallow, no gag reflex, or is unable to protect their airway refer to Decreased Sensorium protocol #9005.

B. Beta Blocker or Calcium Channel Blocker Overdose:

BLS
<ol style="list-style-type: none">1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use lowest concentration and flow rate of O₂ as possible.2. Airway adjuncts as needed.3. Transport. <p>If poison control has been contacted, relay the poison control information/advice to the base hospital.</p>
ALS
<ol style="list-style-type: none">1. Cardiac Monitoring2. Establish vascular access and administer 20 ml/Kg fluid challenge if systolic blood pressure (SBP) is less than minimum for age.3. Atropine:<ul style="list-style-type: none">• 0.02 mg/kg IV/IO; minimum dose 0.1 mg with repeated dose after five (5) minutes, for age specific bradycardia with hypotension.4. Push Dose Epinephrine: 0.01 mg/ml (10mcg/ml) 0.5-2 ml (5-20mcg) IV/IO every 2-5 minutes. Titrate to SBP for patient's age, improvement of symptoms, or a total of 0.3mg is given. NOTE: Monitor SBP while administering/titrating.

C. Tricyclic and Related Compounds Overdose:

BLS
<ol style="list-style-type: none">1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use lowest concentration and flow rate of O₂ as possible.2. Airway adjuncts as needed.3. Transport. <p>If poison control has been contacted, relay the poison control information/advice to the base hospital.</p>
ALS
<ol style="list-style-type: none">1. Cardiac Monitoring.2. Establish vascular access.3. SODIUM BICARBONATE:<ul style="list-style-type: none">• 1 mEq/Kg IV/IO push if any of the following signs of cardiac toxicity are present:<ol style="list-style-type: none">a. Heart rate greater than 20 beats per minute above max for age.b. Systolic blood pressure less than minimum for age.c. QRS complex greater than .12 msec.d. Seizurese. Premature Ventricular Contractions (PVC's) greater than 6/minute

Cross Reference: PD# 9005 - Decreased Sensorium
PD# 8837 - Pediatric Airway Management