



Pediatric Overdose

EMS Medical Director:
Signature on File
EMS Administrator:
Signature on File

History

- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route and quantity
- Time of ingestion
- Reason (suicidal, accidental or criminal)
- Available medications in home
- Past medical history and medications

Signs and Symptoms

- Mental status changes
- Hypo or hypertension
- Decreased respiratory rate
- Tachycardia or dysrhythmias
- Seizures
- S.L.U.D.G.E.

Differential

- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergics
- Cardiac medications
- Solvents, alcohols or cleaning agents
- Insecticides (organophosphates)

REMEMBER

Suspected Narcotic Overdose

A P	E	Supplemental O ₂ to maintain SpO ₂ ≥ 94%, use airway adjuncts as needed
	E	Naloxone IN NOT ADMINISTERED TO RESTORE CONSCIOUSNESS
	P	Initiate vascular access and titrate SBP appropriate for age
	P	Naloxone IV/IM/IN 0.1mg/kg IV/IN/IM push titrate to adequate respiratory status or a maximum of 2.0mg NOT ADMINISTERED TO RESTORE CONSCIOUSNESS
	P	If no improvement, consider reporting doses two (2) times (a total of three (3) doses) Reassess after each dose
		Cardiac Monitoring

E	Airway adjuncts as needed
E	If trauma is suspected, assess for traumatic injury
E	SMR when indicated
E	Perform blood glucose determination and treat
E	If the patient is seizing, protect the patient from further injury and treat

If bradycardic and symptomatic

Exit to
Symptomatic Bradycardia TP#

Tricyclic
And Related Compounds
OD

QRS ≥ 0.12 sec OR SBP < min for age OR
HR > 20 bpm above max for age OR
Seizures OR
PVCs > 6 per minute

Yes

Sodium Bicarb IV/IO
1 mEq/kg push

Notify receiving facility.
Contact Base Hospital for medical direction

Beta Blocker or
Calcium Channel
Blocker Overdose

Administer 20ml/Kg fluid if SBP is less than the minimum for age

Atropine IV/IO
0.02 mg/kg IV/IO; minimum dose 0.1 mg with repeated dose after five minutes for age specific bradycardia with hypotension
Push Dose Epinephrine
0.01mg/ml (10mcg/ml) 0.5-2 ml (5-20mcg) IV/IO every 2-5 minutes, max dose 0.3mg
Monitor SBP while administering/titrating

**California Poison
Control Center
(800) 222-1222
Advisory ONLY**

DRAFT





Pediatric Overdose

EMS Medical Director:

Signature on File

EMS Administrator:

Signature on File

Pearl

- Do not rely on patient history of ingestion, especially in suicide attempts. Make sure the patient is still not carrying other medications or weapons. Bring bottles, contents, and emesis to ED.

