

**COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Pediatric Overdose**
Policy Number: 9011.03

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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

- A. To establish treatment standards for pediatric patients exhibiting signs and symptoms of suspected Narcotic Overdose.

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 in pediatric patients 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.
- B. Perform blood glucose determination.
- C. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:
 - Alcohol Trauma
 - Epilepsy Infection
 - Insulin Psychiatric
 - Overdose Stroke or Cardiovascular
 - Uremia
- D. **Suspected Narcotic Overdose (Consider any of the following):**
 - 1. Decreased responsiveness (Glasgow Coma Score < 14).
 - 2. Inability to respond to simple commands.
 - 3. Respiratory insufficiency.
 - 4. Pinpoint pupils.
 - 5. Bystander or patient history of drug use or paraphernalia on site.

BLS:

1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible.
2. Naloxone: Administer *Intranasal (IN) Naloxone per indications noted in PD# 2523 - Administration of Naloxone by First Responders.
3. Airway adjuncts as needed as per PD# 8837 – Pediatric Airway Management.
4. If trauma is suspected, assess for traumatic injury per PD# 9017.
5. Spinal motion restriction when indicated per PD# 8044.
6. Perform blood glucose determination and treat per PD# 9007 – Pediatric Diabetic Emergencies.
7. If the patient is seizing, protect the patient from further injury and treat per PD# 9008 – Pediatric Seizures.
8. Transport

ALS:

1. initiate vascular access and titrate to an SBP appropriate for age.
2. Naloxone:
 - a. Preferred routes are IV or Intranasal (IN). Can also be given IM when IV or IN is difficult or impossible. 0.1 mg/kg IV/IN/IM push titrate to adequate respiratory status or a maximum of 2.0 mg.
3. If no improvement, consider repeating doses two (2) times (a total of three (3) doses). Reassess after each dose.
4. Cardiac monitoring.

*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

E. Beta Blocker or Calcium Channel Blocker Overdose:**BLS:**

1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible.
2. Airway adjuncts as needed.
3. Transport.

*If poison control has been contacted, relay the poison control information/advice to the base hospital.

ALS:

1. Cardiac Monitoring
2. Establish vascular access and administer 20 ml/Kg fluid challenge if systolic blood pressure (SBP) is less than the minimum for age.
3. Atropine:
 - a. 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:
 - a. 0.01 mg/ml (10mcg/ml) 0.5-2 ml (5-20mcg) IV/IO every 2-5 minutes. Titrate to SBP for the patient's age, improvement of symptoms, or a total of 0.3mg is given.

NOTE: Monitor SBP while administering/titrating.

F. Tricyclic and Related Compounds Overdose:**BLS:**

1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible.
2. Airway adjuncts as needed.
3. Transport.

*If poison control has been contacted, relay the poison control information/advice to the base hospital.

ALS:

1. Cardiac Monitoring.
2. Establish vascular access.
3. SODIUM BICARBONATE:
 - a. 1 mEq/Kg IV/IO push if any of the following signs of cardiac toxicity are present:
 - i) Heart rate greater than 20 beats per minute above max for age.
 - ii) Systolic blood pressure less than minimum for age.
 - iii) QRS complex greater than .12 msec.
 - iv) Seizures.
 - v) Premature Ventricular Contractions (PVCs) greater than 6 a minute.

Cross Reference:

PD# 2523 – Administration of Naloxone by Law Enforcement First Responders

PD# 8044 – Spinal Motion Restriction (SMR)

PD# 8837 – Pediatric Airway Management

PD# 9007 – Pediatric Diabetic Emergencies

PD# 9008 – Pediatric Seizures

PD# 9017 – Pediatric Trauma