

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9011.03
	PROGRAM DOCUMENT: Pediatric Overdose	Initial Date:	07/26/21
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Signature on File

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EMS Medical Director

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	Epilepsy	Insulin	Overdose
Uremia	Trauma	Infection	Psychiatric
Stroke	Cardiovascular		

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 O ₂ as necessary to maintain SpO ₂ ≥ 94%. Use the lowest concentration and flow rate of O ₂ 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
<ol style="list-style-type: none"> 1. initiate vascular access and titrate to an SBP appropriate for age. 2. Naloxone: <ul style="list-style-type: none"> • 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. <p>*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.</p>

E. Beta Blocker or Calcium Channel Blocker Overdose:

BLS
<ol style="list-style-type: none"> 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. <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 20 ml/Kg fluid challenge if systolic blood pressure (SBP) is less than the 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 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
<ol style="list-style-type: none"> 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. <p>*If poison control has been contacted, relay the poison control information/advice to the base hospital.</p>

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:
 - Heart rate greater than 20 beats per minute above max for age.
 - Systolic blood pressure less than minimum for age.
 - QRS complex greater than .12 msec.
 - Seizures.
 - 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