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