

# Pediatric Drug Overdose

**Designation of Condition:** The patient will have ingested, inhaled, or injected an unknown quantity of one or more medications or substances.

## All Patients:

<b>B</b>	<p>ABCs Vital signs and BGL Establish and secure airway Ventilate, if appropriate Identify substance, amount, concentration, and time pt ingested, inhaled, or injected the drug(s) Obtain <a href="#">12-lead ECG</a>, if indicated. <a href="#">Capnography</a></p>
<b>I</b>	Establish IV/IO. Administer 20mL/kg crystalloid IV/IO for hypotension.
<b>P</b>	Continuous cardiac monitoring.

## ONE PILL KILLERS:

*Ingestion of only one pill of any of the following can be lethal to children!!!!*

### Calcium Channel Blockers

### Beta-Blockers

### Clonidine

### Long-acting Antihyperglycemics: Sulfonylureas (e.g. Glipizide)

### Opiates (e.g. fentanyl, methadone, etc.)

## Specific Ingestions:

### Known or Suspected Opiate

**B**

**If respiratory depression:**  
Establish patent airway and [BVM](#) with high-flow O<sub>2</sub>.

### [Naloxone](#)

0.1mg/kg IM/IN (max 2mg)

**NALOXONE IS CONTRAINDICATED FOR NEONATAL PATIENTS (AGE<1MO)**

*Naloxone should be titrated to reverse respiratory depression ONLY*

**P**

If unresponsive to treatment, consider EGD.

### Stimulant

**P**

**If agitated mental status, physical agitation, aggression, or marked tachycardia:**

### [Midazolam](#)

0.1mg/kg IV/IO (max 2.5mg)  
or  
0.3mg/kg IN (max

### Calcium Channel Blocker

**P**

*(Amlodipine/  
Norvasc®,  
Diltiazem/  
Cardizem®/  
Tiazac®,  
Verapamil/  
Calan®/  
Verelan®,  
etc.)*

**If bradycardic:**  
Consider [Atropine](#) 0.02mg/kg IV/IO (min 0.1mg, max 0.5mg per dose) q5 min (max total 3mg)

Administer [Calcium Chloride](#) 20mg/kg (0.2mL/kg) IV/IO slow push (max 1g) q10 min to total of 3 doses.  
or  
[Calcium Gluconate](#) 60mg/kg (0.6mL/kg) IV/IO slow push (max 3g) q10 min to total of 3 doses. **If QRS > 100 ms:**  
[Sodium Bicarbonate](#) 1 mEq/kg IV/IO

**P**

**If hypotensive after fluid resuscitation:**

### [Epinephrine Drip \(PREFERRED\)](#)

Start at 0.1mcg/kg/min. Titrate 0.1mcg/kg/min q1min to max of 1.5 mcg/kg/min or 16mcg/min, whichever is lowest.

or

### [Epinephrine IV/IO Push](#)

0.01mg/kg IV/IO (0.1mL/kg 1:10000). May repeat q3-5 minutes.

or

### [Norepinephrine Drip](#)

Start at 0.1mcg/kg/min. Titrate 0.1mcg/kg/min q1min to max of 1.5 mcg/kg/min or 16mcg/min, whichever is lowest.

Consider [Transcutaneous Pacing](#) for bradycardia, if refractory to vasopressors.

### Beta Blocker

**I**

*(Atenolol/  
Tenormin®,  
Metoprolol/  
Lopressor®/  
Toprol XL®,  
Propranolol/  
Inderal®/  
InnoPran®,  
etc.)*

**If hypoglycemic:**  
[Dextrose 10%](#) 250mL IV/IO bolus

**If bradycardic:**  
Consider [Atropine](#) 0.02mg/kg IV/IO (min 0.1mg, max 0.5mg per dose) q5 min (max total 3mg)  
**If QRS >100 ms:**  
[Sodium Bicarbonate](#) 1mEq/kg

### Tricyclic Antidepressant

**P**

*(Amitriptyline,  
Nortriptyline,  
Doxepin, etc.)*

**If QRS > 100 ms:**  
[Sodium Bicarbonate](#) 1mEq/kg  
Repeat q5–10 min until QRS <100ms

**If seizure:**  
[Midazolam](#) 0.3mg/kg IN (max 2mL)  
*If larger volumes are required, IM or IV/IO are preferred.*  
or  
[Midazolam](#) 0.1mg/kg IM (max 5mg)  
May repeat once after 5 minutes for status epilepticus.  
or  
[Midazolam](#) 0.1mg/kg IV/IO (max 2.5mg)  
May repeat once after 3 minutes for status epilepticus.

### Organophosphates

#### Signs and Symptoms:

S(alivation), L(acrimation), U(rination), D(efecation), G(astrointestinal distress), E(mesis)  
D(iarrhea), U(rination), M(yosis), B(ronchorrhea/Bradycardia), E(mesis), L(acrimation), S(alivation/sweating)

#### Minor Symptoms:

Respiratory distress + SLUDGEM

**P**

[Atropine](#) 0.05mg/kg (max 2mg per dose) IV/IO/IM q3-5 min until drying of secretions.

#### Major Symptoms:

Altered mentation, seizures, resp distress, resp arrest

**P**

[Atropine](#) 0.05mg/kg (max 6mg per dose) IV/IO/IM q3-5 min until symptoms resolve.

Refer to [Pediatric Seizure](#)

## \*\*\*KEY POINTS\*\*\*

Contact Poison Control (1-800-222-1222) for any overdose.  
Gather all medication bottles. Note the time of ingestion and the suspected number / dosage of ingested pills, if able.