

8.08 PEDIATRIC POISONING AND OVERDOSE

BLS Treatment – ALL Pediatric Poisoning and Overdoses
<ul style="list-style-type: none">• Position of comfort.• NPO• Assess circulation, airway, breathing, and responsiveness.• Oxygen as indicated.• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.• Appropriately splint suspected fractures/instability as indicated.• Bandage wounds/control bleeding as indicated.
<p style="text-align: center;">ALS Treatment - ALL Pediatric Poisoning and Overdoses Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p>
<ul style="list-style-type: none">• IV/ IO of Normal Saline TKO.• Check blood glucose. If blood glucose <60 mg/dl: Dextrose.• If no IV or IO access: administer Glucagon.
<p style="text-align: center;">Base Hospital Contact Criteria</p>
<ul style="list-style-type: none">• May consult California Poison Control (800) 222-1222.• Contact Base Physician if Poison Control recommends treatment outside of current protocols.
<p style="text-align: center;">Comments</p>
NEVER induce vomiting for hydrocarbons (gasoline, kerosene, turpentine, Pine Sol) or caustic substances (alkali (e.g. lye or Drano) or acid substances).

ALS Treatment – SPECIFIC Pediatric Poisoning and Overdoses
<p style="text-align: center;">UNKNOWN SUBSTANCE</p> <ul style="list-style-type: none">• Naloxone: Neonate = AVOID use in neonate• Activated Charcoal mixed in water to form a slurry IF patient is alert; able to maintain airway; non-acid, non-caustic, non-petroleum ingestion; it is within 1-hour of ingestion AND >1 year old.
<p style="text-align: center;">KNOWN OR SUSPECTED OPIATES</p> <p>Pinpoint pupils, respiratory depression, decreased level of consciousness, hypotension and decreased muscle tone:</p> <ul style="list-style-type: none">• Naloxone: Neonate = AVOID use in neonate

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ANTIPSYCHOTICS WITH EXTRAPYRAMIDAL REACTION SYNDROME (Haldol, Haloperidol)

Fixed, deviated gaze to one side of body, painful spasm of trunk or extremity muscles and difficulty speaking:

- **Diphenhydramine**

ORGANOPHOSPHATES

SLUDGE Symptoms: Salivation, lacrimation, urination, diaphoresis/diarrhea, gastric hypermotility, and emesis/eye (small pupils, blurry vision):

- **Atropine**

TRICYCLIC ANTIDEPRESSANTS

May experience rapid depression of mental status, sudden seizures, or worsening of vital signs:

- If hypotensive, seizing and / or wide QRS > 0.10 sec
- **Sodium Bicarbonate**

BETA BLOCKER OR CALCIUM CHANNEL BLOCKER (e.g. Metoprolol)

Bradycardia, hypotension and / or shock:

- **Activated Charcoal** mixed in water to form a slurry IF patient is alert; able to maintain airway; non-acid, non-caustic, non-petroleum ingestion; it is within 1-hour of ingestion AND >1 year old.

Base Hospital Contact Criteria

Contact Base Physician for approval of:

- **Glucagon** for Beta Blockers.
- **Calcium Chloride** 10% solution for Calcium Channel Blockers.

Comments

Calcium Chloride causes severe tissue damage if extravasated. Properly secure IV and check IV patency prior to administration.

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CARBON MONOXIDE (CO) / HYDROGEN SULFIDE

Consider CO poisoning if found unconscious, or has AMS, or non-specific complaints AND patient situation includes:

- Found down in enclosed space with CO source (running motors, indoor use of charcoal/ gas grill/ generator or heater malfunction)
- Multiple persons sharing the vicinity have similar symptoms.
- Environmental CO detectors are alarming.

Give 100% NRB or via BVM regardless of pulse oximeter reading.

Comments

Patients with CO and hydrogen sulfide may have normal oxygen saturation readings, but cellular hypoxia due to displacement of the oxygen molecule from the hemoglobin in red blood cells.