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| **BLS Treatment – ALL Pediatric Poisoning and Overdoses** |
| * 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. |
| **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.** |
| * IV/ IO of **Normal Saline** TKO. * Check blood glucose. If blood glucose <60 mg/dl:   Neonates < 1 month: **Dextrose 10%**  Children> 1 month: **Dextrose 25%**   * If no IV or IO access: administer **Glucagon.** |
| **Base Hospital Contact Criteria** |
| * May consult California Poison Control (800) 222-1222. * Contact Base Physician if Poison Control recommends treatment outside of current protocols. |
| **Comments** |
| NEVER induce vomiting for hydrocarbons (gasoline, kerosene, turpentine, Pine Sol) or caustic substances (alkali (e.g. lye or Drano) or acid substances). |

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| **ALS Treatment – SPECIFIC Pediatric Poisoning and Overdoses** |
| **UNKNOWN SUBSTANCE**   * **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. |
| **KNOWN OR SUSPECTED OPIATES**  Pinpoint pupils, respiratory depression, decreased level of consciousness, hypotension and decreased muscle tone:   * **Naloxone**: Neonate = AVOID use in neonate |
| **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.** |