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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.

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| **KNOWN OR SUSPECTED OPIATES**Pinpoint pupils, respiratory depression, decreased level of consciousness, hypotension and decreased muscle tone: * **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**
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| **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.

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| **Base Hospital Contact Criteria** |
| Contact Base Physician for approval of: * **Glucagon** for Beta Blockers.
* **Calcium Chloride 10% solution**  for Calcium Channel Blockers.
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| **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.**  |