### 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: **Dextrose**.
- 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).

### 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.
8.08 PEDIATRIC POISONING AND OVERDOSE

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<tr>
<th>CARBON MONOXIDE (CO) / HYDROGEN SULFIDE</th>
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<td>Consider CO poisoning if found unconscious, or has AMS, or non-specific complaints AND patient situation includes:</td>
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<td>• Found down in enclosed space with CO source (running motors, indoor use of charcoal/ gas grill/ generator or heater malfunction)</td>
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<td>• Multiple persons sharing the vicinity have similar symptoms.</td>
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<td>• Environmental CO detectors are alarming.</td>
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Give 100% NRB or via BVM regardless of pulse oximeter reading.

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<td>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.</td>
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