# 8.08 Pediatric Poisoning and Overdose

## 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).

## 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
## 8.08 PEDIATRIC POISONING AND OVERDOSE

### 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

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

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</tbody>
</table>