EMS Pediatric Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Poisoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
</tr>
<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
</tr>
</tbody>
</table>

Poison Control - 1-800-222-1222

Basic Treatment Guidelines:
1. Follow initial protocol for all patients
2. Identify and estimate the amount of substance that is ingested, inhaled, absorbed, or injected
3. Remove any clothing and flush affected areas with copious amount of water if appropriate
4. Contact Medical Control as soon as possible with poisoning information so Poison Control can be contacted
5. Bring all medications and ingested substances from home, when possible and safe.

Advanced Treatment Guidelines:

- **Tricyclic Antidepressant Overdose:**
  Ingestion of 10 mg/kg or greater
  1. Administer 20 ml/kg **NORMAL SALINE** fluid bolus for hypotension.
  2. If persistent hypotension occurs, initiate a **NOREPINEPHERINE** infusion 0.05 mcg/kg/min titrate in increments of 0.05 mcg/kg/min every 2 minutes to a maximum of 0.3 mcg/kg/min. ECPs must obtain orders from medical control to administer doses greater than 0.3 mcg/kg/min.

- **Narcotic Overdose:**
  In cases of suspected narcotic overdose:
  1. Administer **NALOXONE** 0.1 mg/kg IV, IO, up to maximum of 2.0 mg
  2. If unable to establish an IV, administer **NALOXONE** Intranasal 0.1 mg/kg up to maximum of 2.0 mg.

Special Considerations:
* Always be prepared for *Endotracheal Intubation* in the Overdose or Poisoning Patient.
1. It is important to find out patient’s weight, in combination with the estimated amount of the poisonous substance ingested.
2. Because it is usually extremely difficult or impossible to know exactly how much the patient has taken, always treat for the worst.
3. If hazardous environment is present, do not enter the scene without appropriate training and equipment.

*When using Mucosal Atomization Devices (MAD) for intranasal administration, deliver half of the dose into each naris. For doses greater than 1 milliliter, use two separate syringes and MAD tips. This will insure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.*