#: SO-P-85
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Date: 11/86
Revised: 07/18/2023

SUBSTANCE OVERDOSE / POISONING - PEDIATRIC

ALS STANDING ORDERS:

- 1. Assist ventilation with BVM and suction airway as needed.
- 2. Obtain blood glucose and document finding, if blood glucose equal to or less than 60, administer one of:
 - Oral glucose preparation if airway reflexes are intact.
 - 10% Dextrose 5 mL/kg IV (maximum dose 250 mL).
 - Glucagon 0.5 mg IM if unable to establish IV.

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV, and there is no response to IM glucagon.

- 3. If appropriate, proceed with management as listed below:
 - <u>Suspected Narcotic Overdose:</u> If respiratory depression and suspected narcotic toxicity (respiratory rate less than or equal to 12 per minute), give:
 - Naloxone (Narcan ®):
 - 0.1 mg/kg IN or IM (maximum 1 mg), every 3 minutes as needed.
 - 0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed.
 - 4 mg/0.1 mL preloaded nasal spray IN

Suspected Stimulant Intoxication:

Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry: If sudden hypoventilation, oxygen desaturation (as per pulse oximetry), or apnea:

- ► Assist ventilation with BVM
- ▶ High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated,
- Establish IV/IO access and give normal saline 20 mL/kg IV/IO bolus (maximum 250 mL). May repeat twice for total of 3 boluses as a standing order.
- ► Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

Suspected Extrapyramidal Reaction:

▶ Diphenhydramine (Benadryl®) 1 mg/kg IM/IV (maximum dose 50 mg), once.

Suspected Organophosphate Poisoning (including Chemical Agents):

Atropine 0.02 mg/kg IV, repeat once as needed, alternate route 0.1 mg/kg IM, repeat in 5 minutes as needed (maximum single dose 2 mg)

Suspected Carbon Monoxide or Cyanide Poisoning:

- ▶ High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.
- 4. ALS escort (all suspected pediatric overdose/poisoning victims) to nearest appropriate ERC.
- 5. All drugs listed here in SO-P-85 may be given IO.

Approved:

Revised Dates: 05/16, 11/16, 06/17, 08/19, 10/19, 07/20, 07/23 Final Date for Implementation: 10/1/2023

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