ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES

OVERDOSE – PEDIATRIC

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatment or procedures not initiated prior to Base Hospital/CCERC contact.
2. Suspected **Narcotic Overdose**:
   - ▶ Naloxone may need to be repeated frequently and for multiple doses, particularly with illegal narcotic agents.
     - **Naloxone 0.1 mg/kg IN or IM**
       - Maximum single dose 1 mg
       - Every 3 minutes as needed
     - **Naloxone 0.1 mg/kg IV**
       - Maximum 1 mg
       - Every 3 minutes as needed
     - **Naloxone 4 mg/0.1 mL preloaded nasal spray IN**
3. Suspected **Stimulant Intoxication**:
   - ▶ For signs of poor perfusion or hypotension (systolic BP less than 80):
   - ▶ 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.
4. Suspected Organophosphate Poisoning (including chemical agents):
   - ▶ **Atropine 0.02 mg/kg IV or 0.1 mg/kg IM**
     - Maximum single dose 2 mg
     - May repeat two times in rapid succession
5. Suspected **Cyanide Toxicity:**
   - ▶ **Hydroxocobalamin 70 mg/kg IV/IO** over 15 minutes (maximum 5 g) refer to PR-130 for mixing instructions

ALS STANDING ORDER

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:

   Suspected Narcotic Overdose:

   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**

Approved: Carl Schultz, MD

Reviewed: 4/2017; 9/2017; 9/2019; 02/2024
Final Date for Implementation: 04/01/2024

OVERDOSE – PEDIATRIC

BASE GUIDELINES

ALS STANDING ORDER

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 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 once as needed (maximum single dose 2 mg)

Suspected Carbon Monoxide or Cyanine 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-085 may be given IO.

Approved: Carl Schultz, M.D.

Reviewed: 4/2017; 9/2017; 9/2019; 02/2024
Final Date for Implementation: 04/01/2024