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Pediatric Poisoning/Overdose

Pre-Medical Control

GENERAL MANAGEMENT OF TOXIC EXPOSURE (INCLUDING INGESTION)

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Follow Pediatric Assessment and Treatment Protocol.
- 2. Use proper protective equipment and prepare for decontamination if necessary.
- 3. Remove clothing exposed to chemical (dry decon).
- 4. Identification of the substance (patient has been exposed to).

EMT/SPECIALIST/PARAMEDIC

- 5. Alert receiving hospital if patient may present HAZMAT risk.
- 6. Sample of drug or substance and any medication or poison containers should be brought in with patient if it does NOT pose a risk to rescuers.

PARAMEDIC

7. Refer to Pain Management Procedure

INHALATION EXPOSURES:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Dilute noxious gas inhaled (including carbon monoxide & smoke), ensure high concentration of oxygen is provided.
- 2. If suspected cyanide gas exposure, refer to **Cyanide Exposure Protocol** and contact medical control immediately.

EYE CONTAMINATION:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Irrigate continuously with Normal Saline or tap water for 15 minutes (attempt to continue enroute) or as directed by Medical Control.
- 2. For alkali exposure, maintain continuous irrigation.

PARAMEDIC

3. If available, administer Tetracaine, 1-2 drops per eye to facilitate irrigation. Ensure patient does not rub eye.

Tetracaine:

SKIN ABSORPTION:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Brush off dry chemicals before irrigation.
- 2. Irrigate continuously with Normal Saline, or tap water for 15 minutes or as directed by Medical Control.

INGESTION:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. If altered mental status, refer to **Pediatric Altered Mental Status Protocol**.
- 2. If respiratory distress, refer to Pediatric Respiratory Distress, Failure or Arrest Protocol.
- 3. If the patient is seizing, refer to **Pediatric Seizure Protocol**.



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Section 3-10

Included

Not Included

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PARAMEDIC

4. If cardiac dysrhythmia, refer to appropriate pediatric dysrhythmia protocol.

ORGANOPHOSPHATE EXPOSURE (MALATHION, PARATHION)

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Administer Mark I Kit/Duo Dote auto injector per Nerve Agent/Organophosphate Pesticide Exposure Treatment Protocol.
- 2. Mild or moderate symptoms (e.g., nausea, vomiting, sweating, weakness and mild to moderate shortness of breath)
 - A. 14 years old or greater 1 Mark I Kit/Duo Dote auto injector.
 - B. Between 2-14 years old: one 1 mg Atropen if available, otherwise 1 Mark 1Kit /Duo Dote auto injector. Contact Medical Control if time permits.
 - C. If less than 2 years old, contact Medical Control.
- 3. Severe signs & symptoms (e.g. unconscious, seizing, severe respiratory distress)
 - A. 14 years old or greater 2-3 Mark I Kits/Duo Dote auto injectors.
 - B. Less than 14 years old: 1-2 Mark 1 Kits/Duo Dote auto injectors.

PARAMEDIC

- 4. For severe symptoms administer 1 dose of benzodiazepine at appropriate weight-based dose per **Seizure Protocol** regardless of seizure activity.
- 5. If Mark I Kit/Duo Dote auto injector is not available, administer Atropine 2 mg IV/IM (if available) per each Mark I Kit/Duo Dote auto injector indicated (each Mark I Kit contains 2 mg of Atropine) repeated every 5 minutes until "SLUDGEM" symptoms improve or as directed.(Salivation, Lacrimation, Urination, Defecation, Gastrointestinal hypermotility, Emesis, Muscle twitching or spasm).

MANAGEMENT OF BITES AND STINGS

SPIDERS, SNAKES AND SCORPIONS:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Protect rescuers. Bring in spider, snake or scorpion if captured and contained or if dead for accurate identification.
- 2. Ice for comfort on spider or scorpion bite; DO NOT apply ice to snake bites.

BEES AND WASPS:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Remove sting mechanism from honey bees only by scraping out. Do not squeeze venom sac if this remains on stinger.
- 2. Provide wound care.
- 3. Observe patient for signs of systemic allergic reaction. Treat anaphylaxis per **Pediatric Anaphylaxis/Allergic Reaction Protocol.**

DRUG, CHEMICAL, PLANT, MUSHROOM INGESTION:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Use protective eye equipment.
- 2. In situations of potential ingestion or inhalation of petroleum distillates, DO NOT induce vomiting.



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- 3. Monitor the patient's respiratory and mental status very closely.
- 4. If patient is alert and oriented, prepare for emesis; recover and save emesis. Use appropriate barriers according to universal precautions guidelines.

PARAMEDIC

5. In suspected narcotic overdose with respiratory compromise or hemodynamic instability, consider Naloxone 0.1 mg/kg IV/IM (maximum 2 mg), repeat as indicated.

Post-Medical Control

- 6. If Beta Blocker overdose is suspected AND the patient is bradycardic and hypotensive;
 - **A.** Per MCA selection administer Glucagon 1 mg IV/IM/IO. May be repeated after contact with Medical Control and if additional Glucagon is available.
 - **B.** Consider calcium chloride 20 mg/kg IV, (maximum dose 1 gm). NOTE: IV Calcium Chloride should be pushed slowly through a patent IV, avoiding hand and foot IV sites.

	Glucagon
✓	Included
	Not Included

- 7. For symptomatic tricyclic antidepressant ingestions (tachycardia or arrythmia, wide complex QRS, seizures or hemodynamic instability), administer sodium bicarbonate 1 mEq/kg IV, repeat as needed.
- 8. For extrapyramidal dystonic reactions, administer diphenhydramine 1 mg/kg IV, (maximum dose 50 mg).
- 9. For symptomatic calcium channel blocker overdose, per MCA selection administer Glucagon 1 mg IV/IM/IO. Consider calcium chloride 20 mg/kg IV, (maximum dose 1 gm). NOTE: IV Calcium Chloride should be pushed slowly through a patent IV, avoiding hand and foot IV sites.



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