Monterey County EMS System Policy



Protocol Number: EP-5 Effective Date: 7/1/2024 Review Date: 6/30/2027

OVERDOSE AND POISONING – PEDIATRIC

BLS CARE

Routine Medical Care

Identify and locate the substance. Protect self and consider contacting California Poison Control at (800) 222-1222.

Prevent additional contact with the substance as warranted. Prevent further access to the substance by the patient.

Do not induce vomiting. Give nothing by mouth.

Substance-Specific Treatment in addition to Routine Medical Care:

Suspected Narcotic Overdose.

Naloxone, up to 4 mg intra-nasal (IN), if respirations are less than 10/minute. Assess for improved respiratory rate and quality. May repeat one time if respirations remain less than 10/minute.

ALS CARE

Routine Medical Care

Substance-Specific Treatment in addition to Routine Medical Care:

Suspected Narcotic Overdose.

Naloxone 0.1 mg/kg up to 2mg, IV/IO/IM, if respirations are less than 10/min, Titrate to improved respiratory rate and quality. May repeat up to 8 mg if respirations remain less than 10/min. May be administered **IM** by an EMT working under the supervision of a paramedic.

Naloxone 4 mg IN if using single dose IN device.

Ingestion of Non-Petroleum Based Substance or Non-Caustic Substance

Activated Charcoal 1 gm/kg PO should be considered if the time of ingestion was less than one (≤ 1) hour prior to EMS arrival and if the patient is alert and able to safely swallow liquid.

Organophosphate Poisoning.

Atropine 0.05 mg/kg IV/IO. Maximum dose 2 mg. Minimum dose is 0.1 mg. May repeat every 5 minutes while symptomatic with base contact.

Cyclic Anti-depressants Overdose.

Sodium Bicarbonate 1 mEq/kg IV/IO. Use for widened QRS (> 100 msec), hypotension, tachycardia or heart block. Base hospital contact.

Dystonic Reaction.

Diphenhydramine 1 mg/kg IV/IM. Max dose 25 mg.

Beta Blocker Overdose (with symptomatic bradycardia or hypotension)

Glucagon 0.05 mg/kg IM or IV/IO over 1 minute. May repeat once in 5 minutes.

Calcium Chloride 20 mg/kg slow (over 10 minutes) IV push. May repeat every 10 minutes if patient remains hypotensive. Base hospital contact.

Atropine 0.05 mg/kg IV/IO. Maximum dose 1 mg. Minimum dose is 0.1 mg. May repeat once in five minutes if no improvement in heart rate. Base hospital contact.

Calcium Channel Blocker Overdose (with symptomatic bradycardia or hypotension)

Calcium Chloride 20 mg/kg slow (over 10 minutes) IV/IO (over 5 minutes). May repeat every 10 minutes while symptomatic. Base hospital contact.

Atropine 0.05 mg/kg IV/IO. Maximum dose 1 mg. Minimum dose is 0.1 mg. May repeat once in five minutes if no improvement in heart rate. Base hospital contact.

CHEMPACK Deployment.

Nerve Agent Poisoning

Atropine (auto-injector or injectable) (Injectable for paramedic use only)

- Atropine 2 mg IM auto-injector. May repeat every 5 minutes until symptoms relieved.
 OR
- Atropine 2 mg IV/IO. May repeat every 5 minutes while symptomatic.

2-PAM (Pralidoxime) IM auto-injector.

Administer 1 auto-injector IM for mild symptoms such as mild shortness of breath or for moderate symptoms such as sweating, twitching, and weakness.

Administer 3 auto-injectors IM for severe symptoms such as seizures, apnea, or copious secretions.

Diazepam (auto-injector or injectable) (Injectable for paramedic use only)

• **Diazepam 5 mg IM auto-injector**. Administer 1 auto-injector IM for seizures or severe muscle twitching. May repeat every 5 minutes for seizures and every 10 minutes for muscle twitching until symptoms resolve.

OR

• **Diazepam 5 mg IV/IM/IO** titrated to effect for seizures. May repeat every 10 minutes for continued seizures. Maximum total dose is 30 mg.