

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9011.01
	PROGRAM DOCUMENT:  <b>Pediatric Overdose</b>	Initial Date:	07/26/21
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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To establish treatment standard for pediatric patients exhibiting signs and symptoms of suspected Narcotic Overdose.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

- A. The ability to maintain temperature in prehospital settings in pediatric patients is a significant problem with a dose dependent increase in mortality for temperatures below 37°C or 98.6°F. Simple interventions to prevent hypothermia can reduce mortality. During transport warm and maintain normal temperature, being careful to avoid hyperthermia.
- B. Perform blood glucose determination.
- C. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:

Alcohol	Epilepsy	Insulin	Overdose
Uremia	Trauma	Infection	Psychiatric
Stroke	Cardiovascular		

D. **Suspected Narcotic Overdose (Consider any of the following):**

1. Decreased responsiveness (Glasgow Coma Score < 14).
2. Inability to respond to simple commands.
3. Respiratory insufficiency.
4. Pinpoint pupils.
5. Bystander or patient history of drug use or paraphernalia on site.

BLS
<ol style="list-style-type: none"> <li>1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible.</li> <li>2. <b>Naloxone: Administer *Intranasal (IN) Naloxone per indications noted in PD# 2523 - Administration of Naloxone by First Responders.</b></li> <li>3. Airway adjuncts as needed as per PD# 8837.</li> <li>4. <b>If trauma is suspected, assess for traumatic injury per PD# 9017.</b></li> <li>5. Spinal motion restriction when indicated <b>per PD# 8044.</b></li> <li>6. Perform blood glucose determination and treat per <b>PD# 9007</b></li> <li>7. If patient is seizing, protect the patient from further injury <b>and treat per PD# 9008.</b></li> <li>8. Transport</li> </ol>

### ALS

1. Initiate vascular access, and titrate to a SBP appropriate for age.
2. Naloxone:
  - Preferred routes are IV or \*Intranasal (IN). Can also be given IM when IV or IN is difficult or impossible. 0.1 mg/kg IV/IN/IM push titrate to adequate respiratory status, or a maximum of 2.0 mg.
3. If no improvement, consider repeating doses, two (2) times, (total of three (3) doses). Reassess after each dose.
4. Cardiac monitoring.

\*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

### E. Beta Blocker or Calcium Channel Blocker Overdose:

#### BLS

1. Supplemental O2 as necessary to maintain SpO2  $\geq$  94%. Use lowest concentration and flow rate of O2 as possible.
2. Airway adjuncts as needed.
3. Transport.

\*If poison control has been contacted, relay the poison control information/advice to the base hospital.

#### ALS

1. Cardiac Monitoring
2. Establish vascular access and administer 20 ml/Kg fluid challenge if systolic blood pressure (SBP) is less than minimum for age.
3. **Atropine:**
  - 0.02 mg/kg IV/IO; minimum dose 0.1 mg with repeated dose after five (5) minutes, for age specific bradycardia with hypotension.
4. **Push Dose Epinephrine:**  
0.01 mg/ml (10mcg/ml) 0.5-2 ml (5-20mcg) IV/IO every 2-5 minutes. Titrate to SBP for patient's age, improvement of symptoms, or a total of 0.3mg is given.  
NOTE: Monitor SBP while administering/titrating.

## F. Tricyclic and Related Compounds Overdose:

BLS
<ol style="list-style-type: none"><li>1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use lowest concentration and flow rate of O<sub>2</sub> as possible.</li><li>2. Airway adjuncts as needed.</li><li>3. Transport.</li></ol> <p>*If poison control has been contacted, relay the poison control information/advice to the base hospital.</p>
ALS
<ol style="list-style-type: none"><li>1. Cardiac Monitoring.</li><li>2. Establish vascular access.</li><li>3. <b>SODIUM BICARBONATE:</b><ul style="list-style-type: none"><li>• 1 mEq/Kg IV/IO push if any of the following signs of cardiac toxicity are present:<ol style="list-style-type: none"><li>a. Heart rate greater than 20 beats per minute above max for age.</li><li>b. Systolic blood pressure less than minimum for age.</li><li>c. QRS complex greater than .12 msec.</li><li>d. Seizures</li><li>e. Premature Ventricular Contractions (PVC's) greater than 6/minute</li></ol></li></ul></li></ol>

**Cross Reference:** PD# 2523 – Administration of Naloxone by Law Enforcement First Responders

PD# 8044 – Spinal Motion Restriction (SMR)

PD# 9017 – Pediatric Trauma

PD# 9007 – Pediatric Diabetic Emergencies

PD# 8837 – Pediatric Airway Management

PD# 9008 – Pediatric Seizures