

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9011.02
	<u>PROGRAM DOCUMENT:</u> <b>Pediatric Overdose</b>	Initial Date:	07/26/21
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Signature on File

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EMS Medical Director

EMS Administrator

**Purpose:**

- A. To establish treatment standards 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.

<b>BLS</b>
<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. Naloxone: Administer *Intranasal (IN) Naloxone per indications noted in PD# 2523 - Administration of Naloxone by First Responders.</li> <li>3. Airway adjuncts as needed as per PD# 8837 – Pediatric Airway Management.</li> <li>4. If trauma is suspected, assess for traumatic injury per PD# 9017.</li> <li>5. Spinal motion restriction when indicated per PD# 8044.</li> <li>6. Perform blood glucose determination and treat per PD# 9007 – Pediatric Diabetic Emergencies.</li> <li>7. If the patient is seizing, protect the patient from further injury and treat per</li> </ol>

PD# 9008 – Pediatric Seizures. 8. Transport
<b>ALS</b>
<ol style="list-style-type: none"> <li>1. initiate vascular access and titrate to an SBP appropriate for age.</li> <li>2. Naloxone:           <ul style="list-style-type: none"> <li>• 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.</li> </ul> </li> <li>3. If no improvement, consider repeating doses two (2) times (a total of three (3) doses). Reassess after each dose.</li> <li>4. Cardiac monitoring.</li> </ol> <p>*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.</p>

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

<b>BLS</b>
<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. 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>
<b>ALS</b>
<ol style="list-style-type: none"> <li>1. Cardiac Monitoring</li> <li>2. Establish vascular access and administer 20 ml/Kg fluid challenge if systolic blood pressure (SBP) is less than the minimum for age.</li> <li>3. <b>Atropine:</b> <ul style="list-style-type: none"> <li>• 0.02 mg/kg IV/IO; minimum dose 0.1 mg with repeated dose after five (5) minutes for age-specific bradycardia with hypotension.</li> </ul> </li> <li>4. <b>Push Dose Epinephrine:</b> 0.01 mg/ml (10mcg/ml) 0.5-2 ml (5-20mcg) IV/IO every 2-5 minutes. Titrate to SBP for the patient's age, improvement of symptoms, or a total of 0.3mg is given. <b>NOTE:</b> Monitor SBP while administering/titrating.</li> </ol>

**F. Tricyclic and Related Compounds Overdose:**

<b>BLS</b>
<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. 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

1. Cardiac Monitoring.
2. Establish vascular access.
3. **SODIUM BICARBONATE:**
  - a. 1 mEq/Kg IV/IO push if any of the following signs of cardiac toxicity are present:
    - Heart rate greater than 20 beats per minute above max for age.
    - Systolic blood pressure less than minimum for age.
    - QRS complex greater than .12 msec.
    - Seizures.
    - Premature Ventricular Contractions (PVCs) greater than 6 a minute.

**Cross Reference:** PD# 2523 – Administration of Naloxone by Law Enforcement First Responders  
PD# 8044 – Spinal Motion Restriction (SMR)  
PD# 8837 – Pediatric Airway Management  
PD# 9007 – Pediatric Diabetic Emergencies  
PD# 9008 – Pediatric Seizures  
PD# 9017 – Pediatric Trauma