



**SUBSTANCE OVERDOSE / POISONING - PEDIATRIC**

**ALS STANDING ORDERS:**

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

**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) and make BH contact (CCERC preferred). May repeat twice for total of 3 boluses as a standing order.
- ▶ Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

**Suspected Extrapiramidal Reaction:**

- ▶ Diphenhydramine (Benadryl®) 1 mg/kg IM/IV (maximum dose 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 in 5 minutes as needed (maximum single dose 2 mg)

**Suspected Carbon Monoxide or Cyanide 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-85 may be given IO.

Approved:

*Carl Schultz, MD*

Revised Dates: 05/16, 11/16, 06/17, 08/19, 10/19, 07/20  
Final Date for Implementation: 10/1/2020  
OCEMS copyright © 2020