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 included:
☐ YES
☑ NO

SKIN ABSORPTION:

MFR/EMT/SPECIALIST/PARAMEDIC

1. 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**.

PARAMEDIC

4. If cardiac dysrhythmia, refer to appropriate pediatric dysrhythmia 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.
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. For symptomatic tricyclic antidepressant ingestions (tachycardia, wide complex QRS), administer sodium bicarbonate 1 mEq/kg IV, repeat as needed.
6. For extrapyramidal dystonic reactions, administer diphenhydramine 1 mg/kg IV, (maximum dose 50 mg).
7. For symptomatic calcium channel blocker overdose, consider calcium chloride 20 mg/kg IV, **(**maximum dose 1 gm).
8. For respiratory compromise or hemodynamic instability with narcotic overdose, consider naloxone 0.1 mg/kg IV, (maximum dose 2 mg).

ORGANOPHOSPHATE EXPOSURE (MALATHION, PARATHION)

MFR/EMT/SPECIALIST/PARAMEDIC

1. Administer Mark I Kit/Duo Dote auto injector per **Nerve Agent/Organophospate Pesticide Exposure Treatment Protocol.**
2. Mild or moderate symptoms
   A. 8 years old or greater – 1 Mark I Kit/Duo Dote auto injector
   B. Less than 8 yrs contact Medical Control
3. Severe signs & symptoms
   A. 8 years old or greater – 3 Mark I Kits/Duo Dote auto injectors
   B. Less than 8 – 1 Mark 1 Kit/Duo Dote auto injector
   C. If 3 Mark I Kit/Duo Dote auto injectors are used, administer 1st dose of benzodiazepine, if available.

PARAMEDIC

4. 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.**

Post-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Other specific poisonings may be managed per specific medical control protocol.

Toxic Cases	Treatment
Beta blocker OD	Glucagon, if available
Ca Channel Blockers	CaCl2, Glucagon, if available
Tri-cyclic antidepressants	NaHCO3, MgSO4
Organophosphates	Atropine, 2-PAM per CBRNE Protocol
Narcotics	Naloxone
CO poison	O2