## SUBJECT: PEDIATRIC TREATMENT PROTOCOL - POISONING/OVERDOSE

**Date:** 07/01/2015

### BLS
- Ensure patent airway
- O₂ Saturation prn
- O₂ and/or ventilate prn
- Carboxyhemoglobin monitor prn, if available

**Ingestions:**
- Identify substance

**Skin:**
- Remove clothes
- Brush off dry chemicals
- Flush with copious water

**Inhalation of Smoke/Gas/Toxic Substance:**
- Move patient to safe environment
- 100% O₂ via mask
- Consider transport to facility with hyperbaric chamber for suspected carbon monoxide poisoning in the unconscious or pregnant patient.

**Symptomatic suspected opioid OD:**
- May assist family or friend to medicate with patients own Naloxone

### ALS
- Monitor EKG
- IV/OO SO adjust prn

**Ingestions:**
- Charcoal per drug chart PO if ingestion within 60 minutes and recommended by Poison Center SO.
- Assure child has gag reflex and is cooperative.
- In oral hypoglycemic agent ingestion, any change in mentation requires blood glucose check or recheck, SO.

**Symptomatic suspected opioid OD (excluding opioid dependent pain management patients):**
- Narcan per drug chart IN/IV/IM SO. MR SO

**Symptomatic suspected opioid OD in opioid dependent pain management patients:**
- Narcan titrate per drug chart IV (dilute per drug chart) or IN/IM SO. MR BHO

**Symptomatic organophosphate poisoning:**
- Atropine per drug chart IV/IM/OO SO. MR x2 q3-5” SO. MR q3-5” prn BHO

**Extrapyramidal reactions:**
- Benadryl per drug chart slow IV/IM SO

**Suspected Tricyclic OD with cardiac effects (hypotension, heart block, widened QRS):**
- NaHCO₃ per drug chart IV x1 BHO

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**Note:** For scene safety, consider HAZMAT activation as needed.

In symptomatic suspected opioids OD (excluding opioid dependent pain management patients), administer Narcan IN/IM prior to IV.