Patient Care Policy (Pediatric)  Modified On:Nov 29, 2010 09:32

POISONING | INGESTION | OVERDOSE

• Pediatric Routine Medical Care
• Protect Yourself! - See page 159 "Medical Management of Hazardous Materials"
• Identify substance – contact the Base Physician regarding other treatment options. Bring any containers, labels or a sample (if safe) into the hospital with the patient
• Determine type, amount, and time of the exposure
• Base Physician consult for treatment options if suspecting: organophosphate poisoning, or calcium channel or beta blocker OD
• Remove contaminated clothing. Brush powders off, wash off liquids with large amount of water
• Withhold charcoal if rapidly decreasing level of consciousness a possibility (e.g., tricyclic OD)
• Note: Perform endotracheal intubation only if BVM ventilation is unsuccessful or impossible
• Use a length-based resuscitation tape to determine pediatric drug doses (Shown underlined on the algorithm)

Ventilating adequately, alert with a good gag reflex?

Yes

No

If non-acid, non-caustic non-petroleum consider:
Charcoal 1 gm/kg po
If within one hour of ingestion

If tricyclic antidepressant suspected:
Bicarb 1 mEq/kg IV

For late stage seizure go to:
Seizure page 69

^ If narcotic OD is suspected, give Naloxone prior to intubation

IV/ IO NS

^ Naloxone 0.1 mg/kg
Titrate in small increments to maintain adequate ventilation and airway control.
- IN – max. dose: 2 mg preferred route
- IV, IO, IM, SQ – max. dose: 4 mg

Adequate response?

Yes

No

For more than one dose of Naloxone

Base Physician order

Reasses as needed