

2.17P Poisoning/Overdose – Pediatric



EMT/AEMT STANDING ORDERS

E/A



- Routine Patient Care.
- Prior to calling Poison Control attempt to identify substance, quantity, time/route of exposure and patient information (weight, medications, history, intentional, accidental).
- Contact Poison Control at (800) 222-1222 as soon as practical.
- For suspected opioid overdose with severe respiratory depression, see [Opioid Overdose Protocol 2.15P](#).
- For suspected isolated cyanide poisoning, see [Smoke Inhalation Protocol 2.21P](#).
- For decontamination/hazardous materials exposure: refer to [Hazardous Materials 9.0](#).
- For hypoglycemia, see [Hypoglycemia Emergencies 2.9P](#).
- For seizures, see [Seizures Protocol 2.18P](#).

PARAMEDIC STANDING ORDERS

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Suggested Treatments

- Beta Blocker and Calcium Channel Blocker, see [Bradycardia Protocol 3.1P](#).
- Dystonic Reaction:
 - Diphenhydramine 1mg/kg IV/IM up to 50 mg
- Organophosphates, see [Nerve Agent/Organophosphate Protocol 2.12P](#).
- Tricyclic with symptomatic dysrhythmias, (e.g., tachycardia and wide QRS > 100 milliseconds):
 - Sodium bicarbonate 1 - 2 mEq/kg IV.



This protocol is designed to provide general guidelines for treatment. Specific treatments or antidotes may be appropriate as directed by on-line medical control or in consultation with Poison Control.

PEARLS:

- If possible, bring container/bottles, and/or contents.
- Pulse oximetry may NOT be accurate for toxic inhalational patients.
- Capnography may be helpful for monitoring respiratory status and titrating to lowest effective naloxone dose. See [Capnography Procedure 6.1](#).

Protocol Continues



Protocol Continued

Signs & Symptoms, which may or may not be present:

- **Acetaminophen:** initially no signs/symptoms or nausea/vomiting. If not detected and treated, may cause irreversible liver failure.
- **Akathisia:** May consist of feelings of anxiety, agitation, and jitteriness, as well as inability to sit still / pacing. This may be induced by antipsychotics, such as haloperidol, or anti-emetics such as prochlorperazine or metoclopramide.
- **Anticholinergic:** tachycardia, fever, dilated pupils, mental status changes. Blind as a bat (blurred vision). Dry as a bone (dry mouth). Red as a beet (flushing). Mad as a hatter (confusion). Hot as a hare (hyperthermia).
- **Aspirin:** abdominal pain, vomiting, tachypnea, fever and/or altered mental status. Renal dysfunction, liver failure, and or cerebral edema among other things can take place later.
- **Cardiac Medications:** dysrhythmias, altered mental status, hypotension, hypoglycemia.
- **Depressants:** bradycardia, hypotension, decreased temperature, decreased respirations, non-specific pupils.
- **Dystonic Reaction:** Neurological movement disorder, in which sustained muscle contractions cause twisting and repetitive movements or abnormal postures. This may be induced by antipsychotics, such as haloperidol, or anti-emetics such as prochlorperazine or metoclopramide.
- **Opiate:** Respiratory depression or arrest, pinpoint pupils, decreased mental states. See [Opioid Overdose Protocol 2.15P](#)
- **Organophosphates:** bradycardia, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils.
- **Solvents:** nausea, coughing, vomiting, mental status change and arrhythmias. Patient with significant solvent exposure, must be handled gently to reduce the incident of arrhythmia and/or subsequent cardiac arrest.
- **Sympathomimetic/Stimulants:** tachycardia, hypertension, seizures, agitation, increased temperature, dilated pupils, anxiety, paranoia, diaphoresis. Examples are bath salts, cocaine, methamphetamine, ecstasy, ADHD drugs, thyroid meds (rarely), salbutamol.
- **Tricyclic:** seizures, dysrhythmias, hypotension, decreased mental status or coma.