ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
SUBSTANCE OVERDOSE/POISONING - PEDIATRIC

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

Suspected Narcotic Overdose: If respiratory depression (respiratory rate ≤ 12 minute), give:

1. If respiratory depression (respiratory rate less than or equal to 12 minute), may repeat:
   - *Naloxone (Narcan ®):*
     - *0.1 mg/kg IN or IM, may repeat every 3 minutes as needed (maximum single dose 1 mg).*
     - *0.1 mg/kg IV, every 3 minutes as needed (maximum single dose 1 mg).*

Suspected Stimulant Intoxication:

1. For signs of poor perfusion or hypotension (BP systolic less than 80):
   - *Repeat 20 mL/kg Normal Saline bolus (maximum 250 mL) ; may repeat once to maintain perfusion.*

ALS STANDING ORDER

1. Assist ventilation with BVM and suction airway as needed.

2. Obtain blood glucose and document finding, if blood glucose less than 80, administer one of:
   - *Oral glucose preparation, if airway reflexes are intact.*
   - *25% Dextrose 2 mL/kg IV if less than 2 years-old.*
   - *50% Dextrose 1 mL/kg IV if greater than or equal to 2 years-old.*
   - *Glucagon 0.5 mg IM if unable to establish IV.*

3. If appropriate, proceed with management as listed below:

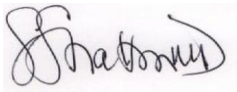
Suspected Narcotic Overdose: If respiratory depression (respiratory rate ≤ 12 minute), give:
- *Naloxone (Narcan ®):*
  - *0.1 mg/kg IN / IM, every 3 minutes as needed (maximum total dose 2 mg).*
  - *0.1 mg/kg IV, every 3 minutes as needed (maximum total dose 1 mg).*

Suspected Stimulant Intoxication:

1. Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:

2. If sudden hypoventilation, oxygen desaturation (as per pulse oximetry), or apnea:
   - *Assist ventilation with BVM*
   - *Administer high flow oxygen,*
   - *Establish IV access and give 20 mL/kg Normal Saline bolus.*

3. Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

Approved: 

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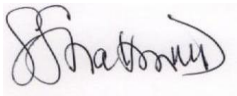
BASE GUIDELINES	ALS STANDING ORDER
Suspected Extrapyramidal Reaction: ► May repeat *Diphenhydramine (Benadryl®) 1 mg/kg IM or IV once (maximum dose 25 mg).*	**Suspected Extrapyramidal Reaction:** ► *Diphenhydramine (Benadryl®) 1 mg/kg IM or IV (maximum dose 25 mg).*
Suspected Organophosphate Poisoning (including Chemical Agents): ► *Atropine 0.1 mg/kg IV, repeat once as needed, alternate route 0.1 mg/kg IM, repeat once as needed* (maximum single dose 0.5 mg)	**Suspected Organophosphate Poisoning (including Chemical Agents):** ► *Atropine 0.1 mg/kg IV, repeat once as needed, alternate route 0.1 mg/kg IM, repeat once as needed* (maximum single dose 0.5 mg)
Suspected Cyanide Poisoning: ► High flow oxygen by mask ► Sodium Thiosulfate (*12.5 gm/50ml*) 1.6 mL/kg IV once.	**Suspected Carbon Monoxide or Cyanide Poisoning:** ► High flow oxygen by mask 4. ALS escort (all suspected pediatric overdose/poisoning victims) to nearest appropriate ERC.

Approved: 

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