

Poisoning/Overdose

Pre-Medical Control

1. Follow **General Pre-hospital Care Protocol**

MANAGEMENT OF TOXIC EXPOSURE (INCLUDING INGESTION)

- a. Use proper protective equipment and prepare for decontamination if necessary.
- b. Remove clothing exposed to chemical (dry decon).
- c. Identification of the substance (patient has been exposed to).
- d. Alert receiving hospital if patient may present HAZMAT risk.
- e. 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.

Inhalation Exposures:

- a. Dilute noxious gas inhaled (including carbon monoxide & smoke), ensure high concentration of oxygen is provided.
- b. If suspected cyanide gas exposure, refer to **CBRNE Protocols** and contact medical control immediately.

Eye contamination:

- a. Irrigate continuously with Normal Saline or tap water for 15 minutes (attempt to continue enroute) or as directed by Medical Control.
- b. For alkali exposure, maintain continuous irrigation.
- c. If available, administer Tetracaine, 1-2 drops per eye. Ensure patient does not rub eye.

Skin absorption:

- a. Irrigate continuously with Normal Saline, or tap water for 15 minutes or as directed by Medical Control.

Ingestion:

- a. If altered mental status, refer to **Pediatric Altered Mental Status Protocol**.
- b. If cardiac dysrhythmia, refer to appropriate dysrhythmia protocol.
- c. If respiratory distress, refer to **Pediatric Respiratory Distress, Failure or Arrest Protocol**.
- d. If the patient is seizing, refer to **Pediatric Seizure Protocol**.

Drug, Chemical, Plant, Mushroom Ingestion:

- a. Use protective eye equipment.
- b. In situations of potential ingestion or inhalation of petroleum distillates, do NOT induce vomiting. Monitor the patient's respiratory and mental status very closely.
- c. If patient is alert and oriented, prepare for emesis; recover and save emesis. Use appropriate barriers according to universal precautions guidelines.
- d. For symptomatic tricyclic antidepressant ingestions (tachycardia, wide complex QRS),
- e. Consider administration of **sodium bicarbonate** 1 mEq/kg IVP
- f. For extrapyramidal dystonic reactions, consider administration of **diphenhydramine** 1 mg/kg, maximum dose 50 mg IV.

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- g. For symptomatic calcium channel blocker overdose, consider **calcium chloride** 20 mg/kg, maximum 1 gm IVP.
- h. For respiratory compromise or hemodynamic instability with narcotic overdose, consider naloxone 0.1 mg/kg, maximum dose 2 mg IVP.

Organophosphate Exposure (Malathion, Parathion)

- a. Antidote administration per Mark I Kit/Duo Dote
- b. Mild or moderate symptoms
 - i. Greater than 8 or = to 8 yrs– 1 Mark I Kit/Duo Dote
 - ii. Less than 8 yrs contact Medical Control
- c. Severe signs & symptoms
 - i. Greater than 8 yrs 3 Mark I Kits, Less than 8 1 Mark 1 Kit/Duo Dote
 - ii. (if 3 Mark I Kit/Duo Dote are used administer 1st dose of benzodiazepine, if available).
- d. If Mark I Kit/Duo Dote is not available, administer Atropine 2-6 mg (if available) IV/IM per Mark I Kit/Duo Dote (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:

- a. Protect rescuers. Bring in spider, snake or scorpion if captured and contained or if dead for accurate identification.
- b. Ice for comfort on spider or scorpion bite; DO NOT apply ice to snake bites.

Bees and Wasps:

- a. Remove sting mechanism from honey bees only by scraping out. Do not squeeze venom sac if this remains on stinger.
- b. Provide wound care.
- c. Observe patient for signs of systemic allergic reaction. Treat anaphylaxis per **Pediatric Allergic Reaction/Anaphylaxis Protocol**.

Post-Medical Control

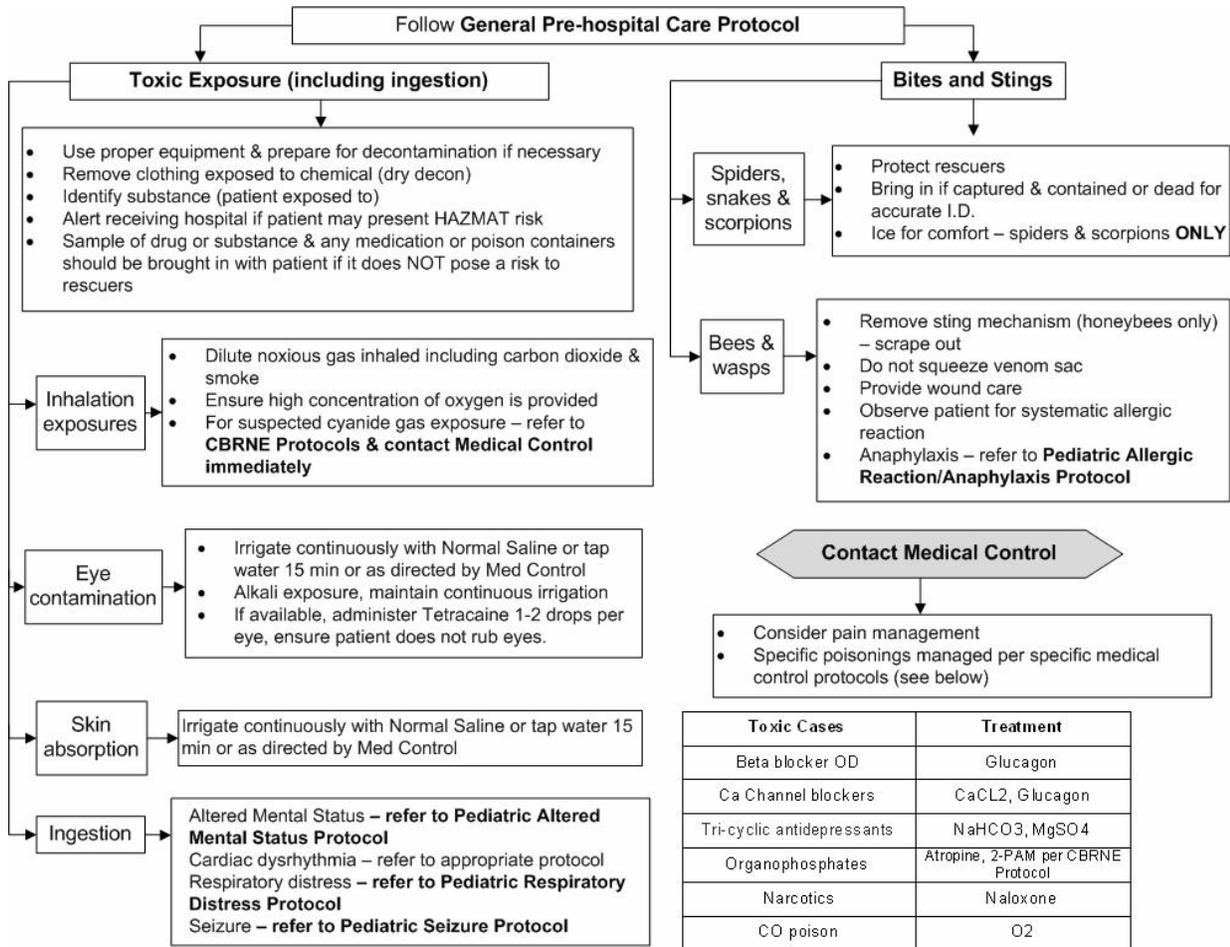
- 1. Consider pain management
- 2. Other specific poisonings may be managed per specific medical control protocol.

Toxic Cases	Treatment
Beta blocker OD	Glucagon
Ca Channel Blockers	CaCL ₂ , Glucagon
Tri-cyclic antidepressants	NaHCO ₃ , MgSO ₄
Organophosphates	Atropine, 2-PAM per CBRNE Protocol
Narcotics	Naloxone
CO poison	O ₂

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Drug, chemical, plant, mushroom ingestion

- Use protective eye equipment
- For potential ingestion of petroleum distillates: DO NOT induce vomiting
- Monitor respiratory & mental status very closely
- If patient is alert & oriented: prepare for emesis, recover & save emesis
- Use appropriate barriers according to universal precautions guidelines

Symptomatic tricyclic antidepressant ingestion (tachycardia, wide complex, QRS) consider administering sodium bicarbonate 1 mEq IVP

Extrapyramidal dystonic reactions – consider administering diphenhydramine 1 mg/kg dose 50 mg IV

Symptomatic calcium channel blocker overdose – consider calcium chloride 20 mg/kg, max 1 gm IVP

Respiratory compromise or hemodynamic instability with narcotic overdose – consider naloxone 0.1 mg/kg max dose 2 mg IVP

Organophosphate exposure (Malathion, Parathion)

- Antidote administer per Mark I Kit/Duo Dote
- Mild or moderate symptoms
 Greater than 8 or = to 8yrs 1 Mark 1 Kit/Duo Dote
 Less than 8 years **contact Medical Control**
- Severe signs & symptoms
 Greater than 8 or = to 8yrs – 3 Mark 1 Kits
 Less than 8 yrs 1 Mark 1 Kit/Duo Dote
 (If 3 Mark 1 Kit/Duo Dote used, administer 1st dose benzodiazepine, if available)
- Mark 1 Kit/Duo Dote unavailable, administer Atropine 2-6 mg, if available, IV/IM per Mark 1 Kit/Duo Dote, (each Mark 1 Kit contains 2 mg of Atropine) repeated every 5 min. until SLUDGEM symptoms improve or as directed. (Salivation, Lacrimation, Urination, Defecation, Gastrointestinal, Emsis, Muscle twitching or spasm)