

**PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL**

**Pediatric Ingestion / Overdose /
Toxic Exposure Protocol**

This protocol focuses on two problems. First, exposure to a chemical substance that causes adverse medical effects. Secondly, the protocol covers accidental or intentional ingestion of harmful substances into the body. Toddlers explore their environment with all five senses and ingestion of toxic substances is common for this age group. The adolescent age group deals mainly with intentional overdoses due to attempted suicide or recreational pharmaceuticals & alcohol use.

First Responder Care, BLS Care, ILS Care, ALS Care
(General Approach)

1. If the scene is considered a *Hazardous Materials* incident, do not treat patients unless they are decontaminated or proper precautions have been implemented to protect EMS personnel.
2. In the event that the patient has not been decontaminated when EMS makes patient contact, removing all of patient's clothing takes away 80-90% of the contaminated materials. Get patient to decontamination area as soon as possible.
3. If there is no patient contact but EMS has determined this to be a *Hazardous Materials* incident, **do not enter the scene under any circumstances**. Refer to *PAEMS Disaster Protocols*.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
3. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.

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BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
3. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
3. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary and have suction readily available.
4. **IV Fluid Therapy:** 20mL/kg fluid bolus if the patient is hypotensive. May repeat bolus x 2 to a maximum of 60mL/kg (**Note:** Exceeding 40mL/kg requires **Medical Control order**).
5. If patient is seizing, follow the *Pediatric Seizure Protocol*.

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ILS Care (continued)

6. **Narcan:** 0.1mg/kg IV/IM (*Max single dose: 2mg*) if suspected narcotic overdose.
7. Initiate ALS intercept if needed and transport as soon as possible.
8. **Contact Medical Control** as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Consider possible scene & patient contamination and follow agency safety procedures.
2. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.
4. **IV Fluid Therapy:** 20mL/kg fluid bolus if the patient is hypotensive. May repeat bolus x 2 to a maximum of 60mL/kg (*Note:* Exceeding 40mL/kg requires **Medical Control order**).
5. If patient is seizing, follow *Pediatric Seizure Protocol*.
6. **Narcan:** 0.1mg/kg IV/IM (*Max single dose: 2mg*) if suspected narcotic overdose.
7. **Contact Medical Control** as soon as possible.

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ALS Care (continued)

8. **Sodium Bicarbonate:** 1meq/kg IV (*Max single dose: 50meq*) (with Medical Control order only) if known tricyclic antidepressant (TCA) or Aspirin (ASA) overdose.
9. If the patient has signs & symptoms of *organophosphate poisoning* or *nerve agent* exposure, **contact Medical Control:**
 - a) Ensure that the patient has been decontaminated prior to transport.
 - b) **Atropine:** 0.02mg/kg IV (*Max single dose: 2mg*) every 5 minutes until symptoms are suppressed.
OR
Atropine: 0.05mg/kg IM (*Max single dose: 2mg*) every 5 minutes until symptoms are suppressed.
 - c) If patient is actively seizing due to nerve agent exposure, refer to *Pediatric Seizure Protocol*.
10. Transport as soon as possible.