



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
PEDIATRIC

BH-P-085
Page: 1 of 2
Org. Date: 4/01/2013
Revise Date: 10/01/2017

OVERDOSE

BASE GUIDELINES	ALS STANDING ORDER
<p>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.</p> <p>2. Suspected narcotic overdose: Naloxone may need repeated frequently and for multiple doses, particularly with illegal narcotic agents.</p> <p>3. Suspected Stimulant Intoxication:</p> <ul style="list-style-type: none">▶ 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.	<p>1. Assist ventilation with BVM and suction airway as needed.</p> <p>2. Obtain blood glucose and document finding, if blood glucose equal to or less than 60, administer one of:</p> <ul style="list-style-type: none">▶ Oral glucose preparation, if airway reflexes are intact.▶ 10% Dextrose 5 mL/kg IV (maximum dose 200 mL).▶ Glucagon 0.5 mg IM if unable to establish IV. <p><i>Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.</i></p> <p>3. If appropriate, proceed with management as listed below:</p> <p><u>Suspected Narcotic Overdose:</u> If respiratory depression and suspected narcotic toxicity (respiratory rate less than or equal to 12 minute), give:</p> <ul style="list-style-type: none">▶ Naloxone (Narcan ®):<ul style="list-style-type: none">• 0.1 mg/kg IN or IM (maximum 1 mg), every 3 minutes as needed.• 0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed.• 4 mg/0.1 mL preloaded nasal spray IN <p><u>Suspected Stimulant Intoxication:</u></p> <p>Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:</p> <p>If sudden hypoventilation, oxygen desaturation (as per pulse oximetry), or apnea:</p>

Approved:

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	<ul style="list-style-type: none">▶ Assist ventilation with BVM▶ High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated,▶ Establish IV access and give 20 mL/kg Normal Saline bolus (maximum 250 mL). <p>Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.</p> <p><u>Suspected Extrapyrarnidal Reaction:</u></p> <ul style="list-style-type: none">▶ Diphenhydramine (Benadryl®) 1 mg/kg IM/IV (maximum dose 50 mg), once. <p><u>Suspected Organophosphate Poisoning (including Chemical Agents):</u></p> <ul style="list-style-type: none">▶ 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) <p><u>Suspected Carbon Monoxide or Cyanide Poisoning:</u></p> <ul style="list-style-type: none">▶ High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated. <p>4. ALS escort (all suspected pediatric overdose/poisoning victims) to nearest appropriate ERC.</p>

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