

# Pediatric Emergencies

## P-10 Pediatric Toxic Exposure/Ingestion/Opioid Overdose

Identify substance causing exposure or overdose.  
 Bring substance container to receiving hospital if safe to do so.  
 Decontaminate the patient if exposed to hazardous materials.  
 Consult HazMat responders on handling and decontamination of the patient.  
 Early notification of receiving hospital

Secure airway using BLS adjuncts if necessary  
 SpO2  
**Oxygen** – titrate to SpO2 >95%  
 Cardiac Monitor  
 IV/IO

If patient has respiratory distress Refer to Protocol P-3

Suspected Nerve Agent or Organophosphate Exposure

Suspected Opioid Overdose

Suspected Tricyclic Antidepressant Overdose

**Atropine** 0.02mg/kg IV/IO  
 Max single dose 1mg  
  
 For moderate to severe exposure repeat q3 – 5 minutes until response is achieved

**For patients with respiratory depression AND unresponsiveness, pinpoint pupils, or other signs of opioid overdose**  
  
**Naloxone** 0.1mg/kg IV/IO/IM/IN  
 Max single dose 1mg  
 May repeat to max of 2mg

If TCA overdose is suspected and the following is present:

- QRS complex >100 milliseconds or ventricular dysrhythmia

**Sodium Bicarbonate** 8.4% 1mEq/kg IV/IO for patients ≥2 years old  
 Contact base for patients <2 years old

Contact Base Hospital for orders on all other toxic exposures and ingestions for treatments

**DISRUPTED COMMUNICATIONS**  
 In the event of a “disrupted communications” situation, Solano County Paramedics may NOT utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.