Pediatric Overdose/Poisoning/Ingestion

History
- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, and quantity
- Time of ingestion
- Reason (suicidal, accidental or criminal)
- Available medications in home
- Past medical history and medications

Signs and Symptoms
- Mental status changes
- Hypo or hypertension
- Decreased respiratory rate
- Tachycardia or dysrhythmias
- Seizures
- S.L.U.D.G.E.M.
- Vision impairment
- Pupillary changes

Differential
- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergics
- Cardiac medications
- Solvents, alcohols or cleaning agents
- Insecticides (organophosphates)

California Poison Control Center
(800) 222-1222

Pediatric Toxic Exposure Treatment Protocols

Effective April 2022

For any intentional or unintentional overdose/poisoning by any route, includes illicit substances and prescription medications, overdose and/or adverse reactions.

Adequate age-dependent respirations and oxygenation?
- Yes
- No

Blood glucose analysis
- Cardiac monitor
- 12-Lead ECG
- Consider, IV

If age-dependent hypotensive
Normal Saline bolus IV/IO
May repeat x2

Is patient aggressive?
- Yes
- Hyperactive Delirium

No

Appropriately manage airway
- Naloxone
- Naloxone is titrated to effect of adequate ventilation and oxygenation
- NOT ADMINISTERED TO RESTORE CONSCIOUSNESS

Yes

Antipsychotic OD
- If bradycardic and symptomatic
- Glucagon

Beta-Blocker OD
- If symptomatic bradycardic or hypotension
- Calcium Chloride

Tricyclic Antidepressant OD
- QRS ≥ 0.12 sec or seizure?
- Yes

Calcium Channel Blocker OD
- If seizing, Midazolam
- Sodium Bicarbonate

Notify receiving facility. Consider Base Hospital for medical direction

Dystonic Reaction

Symptomatic Bradycardia

Effective November 2018

Treatment Protocol PX03
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Effective April 2022

San Mateo County Emergency Medical Services

SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES
Pearls

- Overdose or toxic ingestion patients with significant ingestion/exposures should be monitored very closely and aggressively treated as indicated. Do not hesitate to contact the Base Hospital or Poison Control for advice as certain critically ill overdose patients may quickly overwhelm medication supplies. For example, a tricyclic overdose with a wide QRS and altered mental status may need to receive multiple Sodium Bicarbonate boluses until QRS narrowing and clinical improvement. Note: Poison Control offers advice, not medical direction.
- Bring medication with the patient to the hospital.
- Tricyclic: Progression of toxicity include decreased mental status, dysrhythmias, seizures, hypotension then coma and death; onset can occur within 5 minutes.
- Anticholinergic (i.e. large dose of atropine): Hyperthermia (hot as hades), tachycardia, hypertension, tachypnea; Hypervigilant, agitated (mad as a hatter), hallucinating; Mydriasis (blind as a bat); Dry, flushed skin (dry as a bone, red as a beet), urinary retention; Antihistamines, TCAs, atropine, scopolamine, antispasmodics.
- Cholinergic: Bradycardia (muscarinic), tachycardia and hypertension (nicotinic); Confused, coma; Miosis; SLUDGE (Salivation, Lacrimation, Urination, Diarrhea, GI upset, Emesis); Organophosphate pesticides, nerve agents, physostigmine.
- Hallucinogen: Hyperthermia, tachycardia, hypertension; Hallucination, synesthesia, agitation; Mydriasis; Nystagmus; PCP, LSD, mescaline.
- Opioid: Hypothermia, bradycardia, hypotension, bradypnea; Hyporeflexia, pulmonary edema; Opioids (heroin, morphine, methadone, dilaudid).
- Sedative-hypnotic: Hypothermia, bradycardia, hypotension, bradypnea; CNS depression, coma; Miosis; Hyporeflexia; Benzos, barbiturates, alcohols.
- Serotonin syndrome: Hyperthermia, tachycardia, hypertension, tachypnea; Confused, agitated, coma; Mydriasis; Tremor, myoclonus, diaphoresis, hyperreflexia, trismus, rigidity; MAOIs, SSRIs, meperidine, dextromethorphan.
- Sympathomimetic: Hyperthermia, tachycardia, tachypnea; Agitated, hyperalert, paranoia; Mydriasis; Diaphoresis, tremors, hyperreflexia, seizures; Cocaine, amphetamines, pseudoephedrine.