

PEDIATRIC POISONING / OVERDOSE

OPIATES / DEPRESSANTS

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Available medications Ingestion history Route, and quantity used Reason (suicidal, accidental, criminal) 	<ul style="list-style-type: none"> AMS Decreased RR Dysrhythmias Hypo/er-tension Hypo/er-thermia 	<ul style="list-style-type: none"> Benzodiazepine OD Cardiac medication OD Tricyclic antidepressants OD Mix of stimulants/opiates

	EMR	EMT	PM
1. Provide Pediatric Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG, monitor Capnography.		•	•

UNSTABLE: Altered Mental Status, respiratory depression

3. As age dictates, consider physical restraints before administering medication	•	•	•
4. NALOXONE patients ≥ 5kg: : 0.1 mg/kg IN/IM, may repeat 3 min., max. 2 mg or : 0.1 mg IV/IO, may repeat 3 min., max. 2 mg		•	•
5. If no response, contact OLMC to consider additional NALOXONE		•	•

NOTE:

- Bring container of drug or substance providing that the transport of the item does not pose a safety risk.
- If **NALOXONE** was administered prior to the arrival of EMS, obtain dose/route information for reporting and documentation.
- Do not give patient anything to eat or drink by mouth.
- Anticipate vomiting, respiratory arrest, seizure, dysrhythmias and refer to indicated protocols.
- Do not induce vomiting, especially in cases where caustic substance ingestion is suspected.
- Call Illinois Poison Center (800) 222-1222 for additional information.

NOTE:

- Do not administer to patients under 5kg

Use Calculator for dosing