

PEDIATRIC TOXIC EXPOSURES

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Probable ingestion and/or exposure to one or more toxic substances, including alcohol and medications


PHYSICIAN CONSULT

- **Calcium Channel Blocker, Beta-Blockers, and Tricyclic overdoses**

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; adolescent = >14 years
- Avoid contamination of prehospital personnel
- Identify substance/drug if possible and amount ingested; bring to hospital if appropriate
- Time of ingestion and length of exposure
- Risk of exposure to field providers – additional respiratory protection may be needed
- Alert receiving facility of possible HAZMAT exposure

TREATMENT

- ALS RMC
- Fluid bolus **NS** 20 ml/kg IV/IO as indicated
- If suspected opiate overdose in patient > four weeks, administer **Narcan** 0.1 mg/kg IV/IO/IM/IN prior to advanced airway
 - **Hydrocarbons or Petroleum Distillates**
 - Do not induce vomiting
 - Transport immediately
 - **Calcium Channel Blockers / Tricyclics / Beta-Blockers**
 - Transport immediately
 -  Physician consultation for additional treatments (i.e., Calcium Chloride, Sodium Bicarb)
 - **Caustics/Corrosives**
 - Do not induce vomiting
 - **Insecticides** (organophosphates, carbonates; can cause cholinergic crisis characterized by bradycardia, increased salivation, lacrimation, sweating, muscle fasciculation, abdominal cramping, pinpoint pupils, incoherence or coma):
 - Decontaminate patient and alert hospital of possible HAZMAT exposure
 - **Atropine** 0.05 mg/kg IV/IO slowly every 5-10 minutes until symptoms resolve.
 - If seizures, **Midazolam (Versed)**:
 - IV / IO: 0.05 mg/kg (maximum 1 mg per dose). May repeat every 3 minutes until seizure stops and/or total dose of 5 mg is reached.
 - IM: 0.1 mg/kg; May repeat x 1 in 10 minutes if still seizing.
 - IN: 0.2 mg/kg (split dose in half for each nostril). Maximum dose = 5 mg
 - **Phenothiazine Reactions**
 - **Benadryl** 1 mg/kg IM/IV/IO to max. of 50 mg

SPECIAL CONSIDERATION

- Early contact with Poison Control Center

DOCUMENTATION- ESSENTIAL ELEMENTS

- Toxic substance identification
- Approximate time of exposure / ingestion

RELATED POLICIES/ PROCEDURES

- Intranasal Medications Midazolam(Versed) and Narcan ALS PR 7
- Pediatric Seizures P 9
- Pediatric Dosing Guide P18A