Section: Pediatric Medical
Subject: OVERDOSE / ORAL POISONING
Section #: 343.19
Issue Date: March 21, 2011
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Approved By: Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic ALS Treatments:
    a. If time allows, contact Poison Control (1-800-222-1222) for treatment recommendations
        i. Contact Medic-1 for recommendations from Poison Control not covered by HCFR policy.

2. Beta blocker overdose:
    a. The primary determinant of β-blocker toxicity and death is respiratory arrest, so be vigilant to support the patient's respiration.
    b. For seizures, follow HCFR PEDIATRIC SEIZURE protocol
    c. Transcutaneous pacing, if available, as a bridge measure until pharmacology is available.
        i. Set rate according to age:
            1. < 1 year = 100/min.
            2. ≥ 1 year = 80/min.
        ii. Increase amperage until capture is achieved.
        iii. Analgesia and sedation (for normal to high BP):
            1. Fentanyl 1 mcg/kg (max dose of 50 mcg) slow IV or IN q10 min PRN.
            2. Midazolam 0.05 mg/kg (max dose of 2.5 mg) IV or IN q10 min PRN.
    d. Atropine (for patients ≥ 6 months of age):
        i. 0.02 mg/kg (minimum dose 0.1 mg; maximum dose 0.5 mg) IV/IO q5 min.
            1. Maximum dose in children = 1 mg.
            2. Maximum dose in adolescents = 3 mg.
    e. Dopamine:
        i. Start with 5 mcg/kg/min IV/IO infusion
        ii. Titrated by 5 mcg/kg/min q5 minutes to desired effect
        iii. Maximum dose is 20 mcg/kg/min IV/IO.
    f. Normal Saline (0.9% NaCl): 250 mL q5 min for hypotension.

3. Calcium channel blocker overdose:
    a. For seizures, follow HCFR PEDIATRIC SEIZURE protocol
    b. Transcutaneous pacing, if available, as a bridge measure until pharmacology is available.
        i. Set rate according to age:
            1. < 1 year = 100/min
            2. ≥ 1 year = 80/min
        ii. Increase amperage until capture is achieved.
        iii. Analgesia and sedation if systolic BP ≥ 100 mmHg):
            1. Fentanyl 1 mcg/kg (max dose of 50 mcg) slow IV or IN q10 min PRN.
            2. Midazolam 0.05 mg/kg (max dose of 2.5 mg) IV or IN q10 min PRN.
    c. Atropine (for patients ≥ 6 months of age):
        i. 0.02 mg/kg (minimum dose 0.1 mg; maximum dose 0.5 mg) IV/IO q 5 min.
            1. Maximum dose in children = 1.0 mg
            2. Maximum dose in adolescents = 3.0 mg
    d. Dopamine:
        i. Start with 5.0 mcg/kg/min IV/IO infusion
        ii. Titrated by 5.0 mcg/kg/min q 5 minute to desired effect
        iii. Maximum does is 20 mcg/kg/min IV/IO
    e. Normal Saline (0.9% NaCl): 250 ml q 5min for SBP < 100 mmHg.

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4. Phenothiazine overdose:
    a. Dystonia present (distorted twisting or movement of a body part):
        i. Diphenhydramine: 1.0 mg/kg (maximum dose of 50 mg) IV/IM.

5. Tricyclic antidepressant overdose (TCAs):
    a. If hypotension, heart block, tachycardia, or cardiac conduction disturbances (QRS > 0.12 msec) are present:
        i. Sodium Bicarbonate: 1.0 mEq/kg IV/IO
        ii. Normal saline (0.9% NaCl) 20 mL/kg bolus IV/IO, and then 250 mL/hr IV.
    b. If they are intubated. hyperventilate the patient to an $ETCO_2$ of 20 mmHg

6. Narcotic overdose:
    a. Naloxone: 0.1 mg/kg IV/IO/IM/SQ/IN
        i. Repeat q2 minutes PRN (titrated to effect).
        ii. Some narcotics such as methadone require more naloxone than you would normally use.
        iii. Complete reversal of symptoms may not be the optimal therapeutic goal. Rather, resolution of respiratory depression, hypotension, and hypoperfusion should be the treatment goal.

7. Organophosphate poisoning (commercial and agricultural products):
    a. Decontaminate per HCFR protocol and policy
    b. Avoid skin contact.
    c. Flush area of exposure with copious amounts of water.
    d. Atropine:
        i. Less than 12 years old
            1. 0.02 mg/kg (minimum dose 0.1 mg) IV/IO q 5 min until bronchial secretions and hemodynamically significant bradycardia are controlled (no maximum dose).
        ii. 12 years or older
            1. 2.0 mg IV q 5 minutes until bronchial secretions and hemodynamically significant bradycardia are controlled (no maximum dose).
    e. Contact HIT for 2-PAM (pralidoxime) treatment if available and administration is timely