

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**PEDIATRIC POISONING/OVERDOSE**

**FIRST RESPONDER**

- I. Management of Bites and Stings**
  - A. Establish and maintain the airway, provide oxygenation and support ventilation as needed.
  - B. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.
  - C. Human Bites
    - 1. Provide appropriate wound care management.
    - 2. Consider splinting extremity.
  - D. Spiders, Snakes and Scorpions
    - 1. Protect rescuers. Bring in spider, snake or scorpion if captured and contained or if dead for accurate identification.
    - 2. Ice for comfort on spider or scorpion bite; **DO NOT apply ice to snake bites.**
    - 3. Consider splinting extremity.
    - 3. For snake bite, consider applying venous constricting band. This should be no tighter than a watchband.
  - E. Bees and Wasps
    - 1. Remove sting mechanism from honey bees only by scraping out. **DO NOT** squeeze venom sac if this remains on stinger.
    - 2. Provide wound care.
    - 3. Observe patient for signs of systemic allergic reaction. Refer to **ALLERGIC REACTION/ANAPHYLAXIS.**
- II. Management of Toxic Exposure (including ingestion)**
  - A. Use proper protective equipment and prepare for decontamination, if necessary.
  - B. Make aggressive attempts to try and identify the substance that the patient was exposed to.
    - 1. Sample of drug or substance and any medication or poison containers should be brought in with patient if it does NOT pose a risk to rescuers.

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- C. Establish and maintain the airway, provide oxygenation and support ventilation, as needed.
- D. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.
- E. Remove clothing exposed to chemical.
- F. Dilute toxic substance
  - 1. Noxious gas inhaled (including carbon monoxide & smoke):
    - a. Ensure high concentration of oxygen is provided.
  - 2. Eye contamination:
    - a. Irrigate continuously with Normal Saline or tap water for 15minutes or until transporting unit arrives to assume irrigation process.
    - b. For alkali exposure, maintain continous irrigation until transporting unit arrives to assume irrigation process.
  - 3. Skin absorption
    - a. Irrigate continuously with Normal Saline, or tap water for 15minutes or until transporting unit arrives to assume irrigation process.
  - 4. Ingestion
    - a. Drug, Chemical, Plant or Mushroom
      - 1. Wear protective eye equipment.
      - 2. Arrange for ALS intercept, if not already accomplished by MedCom.
      - 3. In situations of potential ingestion or inhalation of petroleum distillates, do NOT induce vomiting. Monitor the patient's respiratory and mental status very closely.

**BASIC LIFE SUPPORT**

- 4. Initiate transport toward ALS intercept, if transporting unit.

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5. Prepare for emesis; recover and save emesis. Use appropriate barriers according to universal precaution guidelines.

**NOTIFY RECEIVING FACILITY**

**ADVANCED LIFE SUPPORT**

6. Consider early **INTUBATION** if signs of airway compromise or altered level of consciousness.
7. Monitor EKG
8. For symptomatic antidepressant ingestions<sup>1</sup>
  - a. Consider administration of **SODIUM BICARBONATE** 1mEq/kg IVP.
9. For extrapyramidal dystonic reactions<sup>2</sup>
  - a. Consider administration of **DIPHENHYDRAMINE** 25 mg IVP.
10. For respiratory compromise or hemodynamic instability with narcotic overdose
  - a. Consider **NALOXONE** 2mg IV, IO or IM. NOTE: Narcan is contraindicated in the newborn patient.
11. Organophosphate Exposure (Malathion, Parathion)<sup>4</sup>
  - a. Consider **ATROPINE** 2mg IVP, *Page 4 of 4* repeated every 5 minutes until “SLUDGE” symptoms improve or as directed.

**CONTACT MEDICAL CONTROL**

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- G. Possible orders post radio contact:
1. Pain management per procedure as needed.

<sup>1</sup> Symptomatic includes tachycardia, CNS depression, dilated pupils, wide complex QRS, twitching, jerking, etc.

<sup>2</sup> Extrapramidal dystonic reaction is a response to a drug marked by uncontrolled movements, changes in muscle tone, and abnormal posture. It is occasionally seen following the administration of antipsychotic meds (Haldol, Thorazine, Mellaril) as well as certain meds used for nausea and vomiting (Phenergan, Compazine, Reglan).

<sup>4</sup> Organophosphate compounds are used as insecticides in residential as well as commercial agriculture. Symptoms are remembered by the mnemonic **SLUDGE**(**S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astrointestinal hypermotility, and **E**mesis).

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