Mountain Counties
EMERGENCY MEDICAL SERVICES AGENCY

POLICIES AND PROCEDURES

POLICY: 555.51
TITLE: Pediatric Poisoning

EFFECTIVE: ~~02/01/2026~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC POISONING

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMT's, and Paramedics within their scope of practice.

III. PROTOCOL
Includes: Caustic Corrosives (alkalis, acids, oxidizers), Petroleum Distillates, and Organophosphates.

In the event of a release of nerve agents or organophosphates, notify dispatch to request the MHOAC order CHEMPACK.

NOTE: DO NOT INDUCE VOMITING

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

ALL POISONINGS	F	E	O	A	P	D
PROTECT FROM CONTAMINATION	X	X	X	X	X	
DECONTAMINATION: • Remove contaminated clothing. • If agent is dry, brush off. If agent is liquid, flush copiously with water. • If the eyes are contaminated flush with saline for at least 20 minutes.	X	X	X	X	X	
ASSESSMENT	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilation with appropriate airway adjuncts. Observe for airway burns.	X	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.					X	
***OXYGEN**: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	X	
ONDANSETRON: 0.15 mg/kg up to a maximum of 4 mg IM/IO/IV for a child over 6 months of age, or 4 mg Oral Disintegrating Tablet (ODT) for a child over 26 kg.				X	X	

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	F	E	O	A	P	D
CARBON MONOXIDE						
OXYGEN: 15 LPM via non-rebreather or BVM.	X	X	X	X	X	
ORGANOPHOSPHATES						
ATROPINE: 0.05 mg/kg increments slow IV/IO/IM. Repeat every 5 minutes as needed to control secretions, bradycardia, bronchorrhea, and dysrhythmia.					X	
MIDAZOLAM: Do not delay for IV/IO access. • IM/IN: 0.2 mg/kg up to 10 mg every 5 minutes until seizure stops, max total dose 20 mg. • IV/IO: 0.1 mg/kg up to 5 mg every 2 minutes until seizure stops or max total dose 10 mg.					X	
NASOGASTRIC TUBE: suction gastric contents – only if patient has SGA and oral ingestion has occurred within 60 minutes.					X	
PETROLEUM DISTILLATES						
NASOGASTRIC TUBE: suction gastric contents – only if patient has SGA and oral ingestion has occurred within 60 minutes. **For Ingestion Only.**					X	

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*** Use oxygen with caution near any hazardous materials**

CARBON MONOXIDE

- Carbon monoxide is an odorless, colorless, tasteless toxic gas. Carbon monoxide poisoning is easily misdiagnosed as flu-like symptoms, fatigue, or other general complaints. Common sources of carbon monoxide include motor vehicles, structure and wildland fires, gas-powered machines operating in closed spaces, improperly functioning wood-burning stoves, heaters, or furnaces, and industrial sites. Untreated carbon monoxide may result in short and long-term health consequences.
- Refer to 555.81 PEDIATRIC BURNS and 555.82 PEDIATRIC TRAUMA AND TRAUMATIC SHOCK as indicated.

CAUSTIC CORROSIVES

- **Alkalis:** sodium hydroxide (caustic soda), drain cleaners, potassium hydroxide, ammonium hydroxide (fertilizers), lithium hydroxide (photographic chemicals, alkaline batteries), calcium hydroxide (lime).
- **Acids:** hydrofluoric acid (which may have a delayed onset of symptoms), sulfuric acid (battery acid), hydrochloric acid.
- **Oxidizers:** bleach, potassium permanganate.
- Refer to 555.81 PEDIATRIC BURNS and 555.82 PEDIATRIC TRAUMA AND TRAUMATIC SHOCK as indicated.

ORGANOPHOSPHATE

- May cause bronchospasm, an increase in pulmonary and nasal secretions, constricted pupils, vomiting, diarrhea, urinary incontinence, diaphoresis, and cardiac dysrhythmias including both bradycardia and AV blocks.
- Remember the most spectacular signs by the following mnemonic: (**S**alivation, **L**acrimation, **U**rination, **D**efecation, **G**astric upset, **E**mesis and **M**iosis - **SLUDGEM**.)
- Other useful mnemonics are, "**MUDDLES**:" **M**iosis, **U**rination, **D**efecation, **D**iaphoresis, **L**acrimation, **E**mesis, **S**alivation; and "**DUMBBELS"**: **D**iarrhea, **U**rination, **M**iosis/muscle weakness, **B**ronchorrhea, **B**radycardia, **E**mesis, **L**acrimation, **S**alivation/sweating.

Pediatric Normal Vital Signs

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4