

POLICY: 555.53
TITLE: Pediatric Overdose

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 2

PEDIATRIC OVERDOSE

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

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

	F	E	O	<u>A</u>	P	D
ASSESSMENT	X	X	X	<u>X</u>	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	<u>X</u>	X	
SUPRAGLOTTIC AIRWAY: defer SGA until after naloxone administration then consider if GCS < 8 and not rapidly improving.			X	<u>X</u>	X	
PULSE OXIMETRY: apply and monitor.		X	X	<u>X</u>	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	<u>X</u>	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
*VASCULAR ACCESS: IV/IO, rate as indicated.				<u>X</u>	X	
ACTIVATED CHARCOAL: 1 g/kg, maximum 50 gm po if patient's GCS is 15 or via NG only if patient is intubated and oral ingestion has occurred within 60 minutes. (FOR OVERDOSE VIA INGESTION ONLY). <u>AEMT P.O.</u> <u>administration only.</u>				<u>X</u>	X	
NASOGASTRIC TUBE: suction gastric contents only if patient is intubated and oral ingestion has occurred with 60 minutes. (FOR OVERDOSE VIA INGESTION ONLY).					X	
TRICYCLIC ANTIDEPRESSANTS						
SODIUM BICARBONATE - 1 mEq/kg slow IV push for cardiac dysrhythmia or QRS complex wider than 0.10 seconds. Repeat as necessary.					X	
• 0-2 yo: dilute to 4.2% concentration by 1:1 with sterile water.						
• Label syringe 4.2% Sodium Bicarbonate.						

	F	E	O	A	P	D
**MIDAZOLAM: for Status Seizures. Do not delay for IV/IO access. - IM/IN: 0.2 mg/kg up to 10 mg. May repeat if seizure continues every 5 minutes, 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	
NARCOTICS – SEDATIVES						
NALOXONE: one spray pre-packaged IN (typically 2 – 4 mg) for respiratory depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in alternating nostrils, to a total of 12 mg. Consider alternate cause of obtundation/respiratory depression if ineffective.		X	X	X	X	
NALOXONE: 0.1 mg/kg IV/IO/IM/IN for respiratory depression if opioid overdose is suspected. Max single dose 2 mg. May repeat every 5 minutes, to a total maximum 12 mg.				X	X	

***Administer fluid boluses with caution due to the high incidence of pulmonary edema in tricyclic overdose patients.**

****Most tricyclic overdose seizures are short lived and do not require the administration midazolam.**

Tricyclic antidepressants include: Amitriptyline (Elavil, Endep, Emitrip, Enovil), Amoxapine (Asendin), Clomipramine (Anafranil), Desipramine (Norpramin, Pertofrane), Doxepin (Adapin, Sinequan), Imipramine (Janimine, Tipramine, Tofranil, Tofranil-PM), Maprotiline (Ludiomil), Nortriptyline (Pamelor, Aventyl), Protriptyline (Vivactil), Trimipramine (Surmontil)

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