Pediatric BLS Standing Orders

- Universal Patient Protocol
- Ensure EMS provider safety, consider HAZMAT activation. Recognize, Notify, Isolate
- Do not approach patient or location if scene safety is in question
- Obtain accurate history of incident:
  - Name of product or substance
  - Quantity ingested, and/or duration of exposure
  - Time elapsed since exposure
  - If safe and accessible, bring medications or bottles to hospital
- Move victim(s) to safe environment
- Externally decontaminate - PRN
- Continuously monitor ECG, blood pressure, pulse oximetry, and capnography (if ALS present) PRN
- Give oxygen and provide airway support per **Airway Policy**
- Contact Poison Control Center as needed **1 (800) 222-1222**

Suspected Opioid Overdose with Depressed Respirations <12 RPM or Low for Age

- May assist family/friends on-scene with administration of patient's own naloxone
- NOTE - Use with caution in opioid dependent pain management patients
- Assess vitals, with specific attention to respiratory rate and respiratory drive
- Note pupil exam
- Note drug paraphernalia or medication bottles near patient
- Administer naloxone 0.1 mg/kg, max of 2 mg IN. May repeat up to three (3) times, q5min

Suspected Stimulant Overdose with Sudden Hypoventilation, Oxygen Desaturation, or Apnea

- High flow O2
- Ventilate PRN

Skin/Eye Contact (Isolated Incident)

- Remove contaminate clothing, brush off powder, rinse with water for at least 20 minutes
- Remove contacts, brush off powder, irrigate eyes with sterile for 20 minutes
- NOTE – Ensure product or substance does not react violently with water prior to beginning of irrigation

Envenomation

Snake Bite/Scorpion Sting

- Keep involved extremity immobile, at or slightly below heart level
- Mark proximal extent of swelling
- Remove jewelry on the same limb, and/or around the neck if the trunk, neck or head bitten
- Keep patient calm, do not allow to walk
- Do not attempt to bring the animal in to the hospital

Bee Stings

- Remove stinger by flicking or scraping with a card
- Apply cold compress to site

Insect Bites

- Apply cold compress to site

Toxic Inhalation (Suspected CO or Cyanide Exposure, Smoke, Gas, etc.)

- Give high flow oxygen via NRB mask at 15 LPM

Hyperthermia Secondary to Stimulant

- Initiate cooling measures per **Hyperthermia Protocol**
- Obtain baseline temperature

Pediatric LALS Standing Order

- Establish IV PRN
- 10-20 mL/kg NS IV bolus PRN hypotension

Hyperthermia Secondary to Stimulant

- Cold NS 10-20 mL/kg IV (if clear lungs). May repeat x one (1)

Toxic Inhalation (CO Exposure, Smoke, Gas, etc.)

- Albuterol - 2.5 mg nebulized (give 5 mg for severe distress). May repeat/continuous administration PRN

Suspected Opioid Overdose with Depressed Respirations < 12 RPM or Low for Age

- Administer naloxone 0.1 mg/kg, max of 2 mg IV/IN. May repeat up to three (3) times, q5min

Ingested Poisons

- Activated Charcoal – 1-2 g/kg PO if within 60 minutes of ingestion or recommended by Poison Control Center
- Ensure patient has gag reflex and is cooperative
- NOTE – Exceptions to activated charcoal administration: acids, alcohol, alkalines, petroleum distillates, caustic substances, iron or drugs that cause rapid onset of seizures (e.g. camphor, tricyclics)

Pediatric ALS Standing Order Protocol

- Continuously monitor ECG, blood pressure, pulse oximetry, and capnography
- EtCO2 is required for all intoxications
- Establish IO PRN
- Obtain a 12 Lead

Stimulant Overdose

Severe Agitation

- Midazolam - 0.2 mg/kg - IN to max dose 10 mg, may repeat x1 in 10 min
  Or
- Midazolam - 0.2 mg/kg IM to max dose 10 mg, may repeat x 1 in 10 min

Or

- Midazolam - 0.1 mg/kg IV to max dose 4 mg, may repeat x 1 in 10 min
- NOTE – For severely agitated patient, IN/IM
- Midazolam is preferred route to decrease risk of injury to patient and EMS personnel
- NOTE – As soon as able, monitor ECG/Capnography/O2 saturation and obtain blood glucose

Extrapyramidal Reactions, Age > 6 years old

- Diphenhydramine per dosing chart by age/weight IV/IM

Toxic Inhalation (CO or Cyanide Exposure, Smoke, Gas, etc.)

- Consider administration of hydroxocobalamin, sodium nitrate or sodium thiosulfate. See **Cyanide Toxicity Policy**
- If hypotensive, consider NS 20 mL/kg bolus, max 1,000 mL

Suspected Opioid Overdose with Depressed Respirations <12 RPM or Low for Age

- Administer naloxone 0.1 mg/kg, max of 2 mg IM/IV/IN/IO. May repeat up to three (3) times, q5min

Organophosphate Poisoning

For respiratory secretions and/or distress:

- Atropine – 0.02 mg/kg IV/IM, max 2 mg. Repeat q 3-5 minutes until airway relieved (decreased secretions, easier to ventilate)

For seizures:

- Midazolam - 0.2 mg/kg IM/IN max 10 mg
  Or
- Midazolam 0.1 mg/kg IV/IO to max dose 4 mg

Tricyclic Overdose (Altered LOC, Tachycardia, Prolonged QRS)

- Sodium Bicarbonate – 1-2 mEq/kg (max 1 amp or 50 mEq) q3-5min until QRS narrows to < 100 ms and hypotension improves

Pediatric ALS Base Hospital Orders

Organophosphate Poisoning

- **BH -** Repeat Midazolam - 0.2 mg/kg IM to max dose 10 mg
  Or
- **BH –**Repeat Midazolam - 0.1 mg/kg IV/IO to max dose 4 mg

Toxic Inhalation (Suspected Cyanide exposure)

- **BH** - Administer hydroxocobalamin (0.7 mg/kg up to 5 grams) IV piggyback over 15 minutes
  Or

If hydroxocobalamin is not available, and there is no clinical suspicion for carbon monoxide poisoning, administer sodium nitrite AND sodium thiosulfate

- **BH** - Administer sodium nitrite (6 mg/kg up to 300 mg) IV over 5 minutes AND sodium thiosulfate (400 mg/kg up to 12.5 grams) IV piggyback over 10 minutes

Notes:

- **Use caution when considering midazolam use with ETOH intoxication or depressants. May result in apnea**
- Notify receiving facilities and EMS Agency of HazMat incidents requiring mass decontamination of victims prior to arrival in ED if possible
- Request CHEMPAK resources through EMS Agency/MHOAC program for incidents involving multiple victims with organophosphate poisoning

APPROVED:

Signature on File
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