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Executive Director

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Medical Director

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PEDIATRIC NARCOTIC OVERDOSE

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Characterized by: respiratory depression, hypotension, stupor, coma, and pinpoint pupils. The only reasons to treat narcotic intoxication are to reverse respiratory depression and occasionally, shock.

STANDING ORDERS

ABCs

OXYGEN

NALOXONE

0.1 mg/kg IV/IO/ET/SQ/IM, if mental status and respiratory effort are depressed and the child is not a neonate. Maximum single dose 2 mg. May repeat in 3 minutes if a partial response to treatment.

IV/IO ACCESS

TKO with microdrip tubing and volume control chamber.

MONITOR

Treat rhythm as appropriate.

ACTIVATED CHARCOAL

1 gm/kg PO for oral ingestions if patient is alert (maximum dose 50 gms).

DIPHENHYDRAMINE

1 mg/kg IV push (maximum dose 50 mg) or IM if IV access not promptly available. May repeat if needed.