

POLICY: 555.53
TITLE: Pediatric Overdose

EFFECTIVE: 09/01/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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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, AEMTs 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	A	P	D
ASSESSMENT	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
SUPRAGLOTTIC AIRWAY: defer SGA until after naloxone administration then consider if GCS < 8 and not rapidly improving.			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	
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). AEMT PO administration only.				X	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. 0-2 yo: dilute to 4.2% concentration by 1:1 with sterile water. - Label syringe 4.2% Sodium Bicarbonate.					X	

	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