

POLICY: 555.51
TITLE: Pediatric Poisoning

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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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, 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 D = Base Hospital Physician Order Required

| ALL POISONINGS | F | E | O | P | D |
|--|----------|----------|----------|----------|----------|
| PROTECT FROM CONTAMINATION | X | X | X | X | |
| DECONTAMINATION: | | | | | |
| • Remove contaminated clothing. | X | X | X | X | |
| • 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. | | | | | |
| ASSESSMENT | X | X | X | X | |
| BLS AIRWAY: okay if airway patent. Support ventilation with appropriate airway adjuncts. Observe for airway burns. | X | X | X | X | |
| SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA. | | | X | X | |
| PULSE OXIMETRY: apply and monitor. | | 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 | |
| ECG MONITOR: lead placement may be delegated. Treat as indicated. | | | | X | |
| VASCULAR ACCESS: IV/IO, rate as indicated. | | | | 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 | |

| | F | E | O | P | D |
|--|---|---|---|---|---|
| CARBON MONOXIDE | | | | | |
| OXYGEN: 15 LPM via non-rebreather or BVM. | 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. <ul style="list-style-type: none"> 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 | |

* 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 "**DUMBELS**": **D**iarrhea, **U**rination, **M**iosis/muscle weakness, **B**ronchorrhea, **B**radycardia, **E**mesis, **L**acrimation, **S**alivation/sweating.

Pediatric Normal Vital Signs

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