



**Pediatric ICU  
Overdose**

Directions: 1. Indicate choice when options are available by placing a check in the box   
 2. Mark through entire line any prechecked item you ***do not*** wish to order  mark through

Attending Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Observation Status  Admission for Inpatient Care  Admit or transfer to: \_\_\_\_\_ Unit  
**ALLERGIES:**  NKA **ALLERGIC to:** \_\_\_\_\_

Weight in kilograms: \_\_\_\_\_

**VITAL SIGNS:**

- Vital signs every 30 minutes x 2; THEN  
 Vital signs every 1 hour

**ACTIVITY:**

- Bed rest  
 Activity as tolerated

**DIET:**

- NPO  
 Clear liquids  
 Regular diet

**IV SOLUTIONS:**

- Sodium Chloride 0.9% IV bolus (20 ml/kg) = \_\_\_\_\_ ml x \_\_\_\_\_  
 Sodium Chloride 0.9% IV infuse at \_\_\_\_\_ ml/hour  
 Sodium Chloride 0.9% with **potassium chloride** 20 mEq/liter IV infuse at \_\_\_\_\_ ml/hour  
 Dextrose 5% and Sodium Chloride 0.45% IV infuse at \_\_\_\_\_ ml/hour  
 Dextrose 5% and Sodium Chloride 0.9% with **potassium chloride** 20 mEq/liter IV infuse  
 at \_\_\_\_\_ ml/hour

**MEDICATIONS:**

- ranitidine (Zantac)** 1 mg/kg/dose = \_\_\_\_\_ mg IV every 8 hours

**ACETAMINOPHEN OVERDOSE (if level at possible hepatotoxicity):**

- N-acetylcysteine** (140 mg/kg) loading dose = \_\_\_\_\_ mg PO or NG diluted in juice or soda; THEN  
 **N-acetylcysteine** (70 mg/kg) PO or NG every 4 hours x 17 doses

**ACETAMINOPHEN OVERDOSE (if level at possible hepatotoxicity AND patient has persistent vomiting):**

- N-acetylcysteine** (150 mg/kg) loading dose = \_\_\_\_\_ mg IV over 60 minutes; THEN  
 **N-acetylcysteine** (50 mg/kg) = \_\_\_\_\_ mg IV over 4 hours; THEN  
 **N-acetylcysteine** (100 mg/kg) = \_\_\_\_\_ mg IV over 16 hours

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**Tricyclic Antidepressant Overdose:**

- Dextrose 5% and Sodium Chloride 0.2% with 100 mEq/L **NaHCO<sub>3</sub>** IV  
at 1.5 maintenance = \_\_\_ ml/hr
- Norepinephrine** (0.05-0.5 mcg/kg/min) IV = \_\_\_\_\_ mcg/kg/min

**Opioid Overdose:**

- Naloxone (Narcan)** 0.1 mg/kg/dose = \_\_\_\_\_ mg IV (ACUTE ingestion with respiratory depression and pediatric patient **LESS THAN** 40 kg)
- Naloxone (Narcan)** 0.4 - 2 mg/dose = \_\_\_\_\_ mg IV (ACUTE ingestion with respiratory depression and pediatric patient **GREATER THAN** 40 kg)
- Naloxone (Narcan)** 0.025 mg/kg/dose = \_\_\_\_\_ mg IV (CHRONIC ingestion with respiratory depression and pediatric patient **LESS THAN** 40 kg)
- Naloxone (Narcan)** 0.1 - 0.2 mg/dose = \_\_\_\_\_ mg IV (CHRONIC ingestion with respiratory depression and depression and pediatric patient **GREATER THAN** 40 kg)

**PATIENT CARE:**

- Insert nasogastric tube
- Maintain IV access
- Insert indwelling urinary catheter to bedside drain

**LABORATORY:**

- CBC with differential
- CCP (complete chemistry profile)
- Blood gas \_\_\_ABG (arterial blood gas) \_\_\_VBG (venous blood gas) \_\_\_CBG (capillary blood gas)
- Cardiac enzymes x 1
- Cardiac enzymes every 8 hours x 2
- Creatinine Kinase
- Serum myoglobin urinalysis
- Urine myoglobin
- Urine pH every 8 hours
- LFT (liver function test) every AM x \_\_\_\_\_ days
- PT/INR every AM x \_\_\_\_\_ days
- aPTT every AM x \_\_\_\_\_ days
- Ethanol level, if not already done
- ASA** level, if not already done

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LABORATORY: Cont'd

- [ ] Acetaminophen level, if not already done
[ ] Urine drug screen, if not already done
[ ] Serum pregnancy test
[ ] Acetaminophen overdose: acetaminophen level 4 hours after ingestion (if not already done)

RADIOLOGY:

- [ ] Port chest, indication: overdose, evaluate lung fields
[ ] Abdomen flat, indication: drug ingestion

RESPIRATORY:

- [x] Oxygen titration protocol to maintain SAO2 greater than or equal to 92%, indication: overdose
[ ] Albuterol MDI 2 puff every \_\_\_ hours, indication: \_\_\_
[ ] Albuterol nebulizer 2.5 mg every \_\_\_ hours, indication: \_\_\_
[ ] Ventilator settings: Mode: PSIMV: rate \_\_\_ iT \_\_\_ PS \_\_\_ FiO2 \_\_\_
[ ] Ventilator settings: Mode: VolSIMV: rate \_\_\_ tidal volume \_\_\_ flow \_\_\_ PEEP \_\_\_ iT \_\_\_
[ ] Ventilator settings: Mode: PRVC: rate \_\_\_ tidal volume \_\_\_ PEEP \_\_\_ iT \_\_\_ PS \_\_\_ FiO2 \_\_\_
[ ] NICO monitoring

CONSULTS:

- [x] Consult West Virginia Poison Control Center (800-222-1222)
[x] Consult Social Work for pediatric drug ingestion

COMMUNICATION:

- [x] Notify Resident if urine output less than 0.5 ml/kg/hour
[x] Notify Resident with temperature greater than 101° F
[x] Notify Resident with urine pH greater than 8

ADDITIONAL ORDERS:

Four horizontal lines for additional orders.

Physician \_\_\_\_\_ Pager \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

[ ] Verbal Order Verification Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

\*\*SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY\*\*

Patient Identification