PEDIATRIC SUSPECTED OR KNOWN OPIOID EMERGENCY

Suspected or known opioid overdose

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Responsive?

- **YES** → **Respiratory Arrest / Respiratory Failure**
- **NO** ↓

Call for help and additional resources
- EMS, rapid response or resuscitation team
- AED/defibrillator and naloxone

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Breathing and pulse?

Breathing normally / Pulse present

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Consider **naloxone**

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If not already done:
- Perform **primary assessment** and emergent/initial interventions
- Position patient as appropriate for clinical condition
- Perform **secondary assessment** as patient condition allows

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- **Reassess** patient
- **Recognize** issues
- Provide **care** as needed

Not breathing (or only gasping breaths) **No pulse**

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Cardiac Arrest

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- Begin **CPR** immediately following the **Pediatric Cardiac Arrest** code card
- Optimize oxygenation and ventilation
- Administer **naloxone** if available

Not breathing (or ineffective ventilation) **Pulse present**

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Respiratory Arrest / Respiratory Failure

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- Ensure adequate airway
- Support oxygenation and ventilation as needed
  - Deliver 1 ventilation every 2 to 3 sec
  - Check pulse rate after 2 min
    - Pulse >60: Continue delivering 1 ventilation every 2 to 3 sec
    - Pulse ≤ to 60 with signs of poor perfusion: Start CPR

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Administer naloxone as soon as available

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- Reassess responsiveness and breathing
- Administer additional dose(s) of naloxone as needed

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If not already done:
- Perform **primary assessment** and emergent/initial interventions
- Position patient as appropriate for clinical condition
- Perform **secondary assessment** as patient condition allows

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- **Reassess** patient
- **Recognize** issues
- Provide **care** as needed

Medications

Naloxone
- Healthcare: 0.1 mg/kg (maximum, 2 mg) IV/IO/IM/SC
- Public access and community programs (auto-injector and nasal delivery devices): 0.4 mg IM or 2 mg IN
- Repeat every 2 to 3 min as needed

Goals of Care

- Prioritize CPR over naloxone
- Monitor for 4 to 6 hours after last dose of naloxone
- Longer observation may be needed if suspended release or long-acting opioid suspected

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