

POLICY: 555.52
TITLE: Pediatric Dystonic Reactions to Phenothiazines

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC DYSTONIC REACTIONS TO PHENOTHIAZINES

- 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

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.				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	
DIPHENHYDRAMINE: 1 mg/kg IV/IO push titrated to relief of signs and symptoms or IM if IV/IO access not promptly available. Max dose 50 mg.				X	
ACTIVATED CHARCOAL: 1 g/kg, maximum 50 g PO if patient's GCS is 15 or via NG if patient is intubated and oral ingestion has occurred with 60 minutes. (FOR OVERDOSE VIA INGESTION ONLY).				X	
NASOGASTRIC TUBE: suction gastric contents only if patient has SGA and oral ingestion has occurred with 60 minutes. (FOR OVERDOSE VIA INGESTION ONLY).				X	

NOTE: Phenothiazine reactions may occur at normal dosing levels and the induction of vomiting is not recommended.