

Emergency Medical Services Program Policies – Procedures – Protocols

ChemPack (109)

Adults	Pediatrics (13 years and under)
Public Safety First Aid Procedures: Only <ul style="list-style-type: none"> If large scale chemical release/exposure suspected request Fire, HazMat, and Ambulances as appropriate. Alert ECC for CHEMPACK release. Consider patient count of Adult and Pediatric persons 	Public Safety First Aid Procedures: Only <ul style="list-style-type: none"> If large scale chemical release/exposure suspected request Fire, HazMat, and Ambulances as appropriate. Alert ECC for CHEMPACK release. Consider patient count of Adult and Pediatric persons
BLS Procedures: EMT's and Paramedics start here <ul style="list-style-type: none"> Mild exposure- Administer one dose Atropine 2 mg in 0.7mL / Pralidoxime Chloride 600mg in 2ml via IM Auto Injector (optional scope only) Moderate exposure- Administer 1-2 doses Atropine 2 mg in 0.7mL / Pralidoxime Chloride 600mg in 2ml via IM Auto Injector (optional scope only) Severe Exposure administer 3 doses in rapid succession Atropine 2 mg in 0.7mL / Pralidoxime Chloride 600mg in 2ml via IM Auto Injector (optional scope only) 	BLS Procedures: EMT's and Paramedics start here <ul style="list-style-type: none"> Follow Public Safety First Aid Procedures
ALS Prior to Base Hospital Contact: Paramedic only <ul style="list-style-type: none"> Mild Exposure: Duodote or Mark I kit once IM. (may repeat for total of 3 if symptoms progress) If unavailable, Atropen IM (may repeat every 5 minutes to max of 6 mg) 2Pam chloride 25 mg/kg IM/IV once. Max 1650 mg IM or 1000 mg IV. Moderate Exposure: Duodote or Mark I kit x 2 (may repeat to total of 3 if symptoms progress) If unavailable, Atropen IM (may repeat every 5 minutes to max of 6 mg) 2Pam chloride 25-50 mg/kg IM/IV X 1. Max of 1650 mg IM or 1000 mg IV Severe Exposure: Duodote or Mark I kit X 3 IM. Diazepam 10 mg IM or Midazolam 2-5 mg IV for Seizure control. 5 mg IN or IM if no IV. (repeat X 1 in 5 minutes to max of 10 mg. 	ALS Prior to Base Hospital Contact: Paramedic only <ul style="list-style-type: none"> Mild Exposure: Duodote or Mark 1 kit <25 kg 1 kit. 25-50 kg 1 kit may repeat x 1. If unavailable Atropen IM < 4 kg: 0.5 mg Repeat 0.5 mg 4-10 kg: 0.5 mg Repeat 1 mg 10.5-13 kg: 1 mg Repeat 1 mg 13-20.5 kg: 1 mg Repeat 2 mg 21-33 kg 1.5 mg Repeat 4 mg 2Pam Chloride 25 mg/kg IM/IV x1 Max 1650 mg/IM 1000 mg/IV Moderate Exposure: Duodote or Mark 1 Kit IM < 25 kg 1 kit. 25-50 kg 2 kits If unavailable: Atropen IM: < 4 kg: 0.5 mg Repeat 0.5 mg 4-10 kg: 0.5 mg Repeat 1 mg 10.5-13 kg: 1 mg Repeat 1 mg 13-20.5 kg: 1 mg Repeat 2 mg 21-33 kg 1.5 mg Repeat 4 mg 2Pam Chloride 25-50 mg/kg IM/IV x1 Max 1650 mg/IM 1000 mg/IV Severe Exposure: Duodote or Mark 1 kit: < 25 kg 1 kit 26-50 kg 2 kits. Diazepam 0.05-0.3 mg/kg IV/IM May

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	<p>repeat in 5 min to max of 10 mg. OR Midazolam 0.1-0.2 mg/kg IV/IM May repeat in 5 min to max of 10 mg</p> <ul style="list-style-type: none"> • 60 Min after duodote or mark 1 kit Atropen IM or 0.1 mg/kg from multi dose Atropine vial: < 4 kg: 0.5 mg or 0.4 mg 4-6.5 kg: 1 mg or 0.7 mg 6.5-8 kg: 1 mg or 0.9 mg 8.5-10.5 kg: 1 mg 10.5-13 kg: 1.5 mg or 1.3 mg 13-16.5 kg: 2 mg or 1.6 mg 16.5-20.5 kg: 2 mg 20.5-26 kg: 4 mg or 2.6 mg 26-33 kg: 4 mg or 3.3 mg • 2Pam Chloride: 50 mg/kg IM/IV x1 Max 1650 mg/IM 1000 Mg/IV
<u>Base Hospital Contact Required</u>	<u>Base Hospital Contact Required</u>

109 CHEMPACK

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Special Considerations

The CHEMPACK resource should be utilized on any Organophosphate/Nerve Agent release that effects a significant number of patients. Early communication and transport of CHEMPACK medications is a key element in patient and first responder survival.

SPECIAL NOTE: CHEMPACK medications have doses for both Pediatric and Adult patients and proper patient count should be communicated to ECC dispatch as soon as it is known. Additionally, some CHEMPACK medication will show out date expiration but have been deemed by CDC as still effective.

1. Contact HazMat resources if not already done.
2. Don protective equipment/gear appropriate for the exposure according to agency protocol.
3. SLUDGEM: salivation, lacrimation, urination, defecation, gastrointestinal distress, emesis, and miosis.
4. Once resources allow, perform supportive treatment as appropriate according to protocol.
5. Administer additional DuoDote or Mark I kits for a total of 3, if symptoms progress in MILD or MODERATE exposures.
 - Mild Exposure: miosis, rhinorrhea, increased salivation
 - Moderate Exposure: mild symptoms plus shortness of breath, vomiting, diarrhea
 - Severe Exposure: moderate symptoms plus respiratory distress or arrest, cyanosis, severe SLUDGEM, seizures, unconsciousness
6. ALS -PEDIATRICS: 1 DuoDote or Mark I kit can be given to any child, regardless of age or weight, as the initial antidote therapy when no other atropine or pralidoxime source is available.
7. ALS -PEDIATRICS: Atropine auto-injectors (AtroPen) come in 0.5mg, 1 mg, and 2mg devices. Initial dose based off 0.05mg/kg, repeat dosage based off 0.1mg/kg. May repeat every 5 minutes until secretions begin to dry or maximum 6mg IM.