



Crop protection:: Pesticides::Antidotes

FIRST AID MEASURES AND ANTIDOTES RECOMMENDED
FOR REGISTERED PESTICIDES

CARBAMATE PESTICIDES

S.No	Name of the pesticide	Symptoms of poisoning	First aid measures	Treatment/antidote
1. 2. 3. 4. 5. 6. 7. 8.	Benthiocarb Carbaryl Carbofuron Carbosulfan Fenubucarb (BPMC) Methomyl Propoxur Thiodicarb	Constriction of pupils, salivation, profuse sweating, lassitude, muscle incoordination, nausea, vomiting, diarrhoea, epigastric pain, tightness in chest	Remove the person from the contaminated environment. In case of (a) skin contact – Remove all contaminated clothings and immediately wash with lot of water and soap; (b) Eye contamination – Wash the eyes with plenty of cool and clean water; (c) Inhalation – Carry the person to the open fresh air, loosen the clothings around neck and chest, and (d) Ingestion – If the victim is fully conscious, induce vomiting by tickling back of the throat. Do not administer milk, alcohol and fatty substances. In case the person is unconscious make sure the breathing passages is kept clear without any obstruction. Victim's head should be turned to one side in the lying down position. In case of breathing difficulty, give mouth to mouth or mouth to nose breathing. Medical aid: Take the patient to the doctor/Primary Health Centre immediately along with the original container, leaflet and label.	1. Airway protection 2. Ensure clear airway 3. Intubate the patient & aspirate the secretion 4. Administer oxygen by mechanically assisted pulmonary ventilation, if respiration is depressed. 5. Improve tissue oxygenation before atropine to minimise risk of ventricular fibrillation 6. Atropine Adult & Children above 12 yrs.: 2-4 mg repeated every 15 minutes until pulmonary secretion controlled and atropinisation Children below 12 years: 0.05 – 0.1 mg/kg, repeat every 15 minutes. Minimum dose 0.1 mg in children. Maintain atropinisation by repeated dosing. Severely poisoned exhibit remarkable tolerance to atropine. Dose may be increased. Dosing interval may be increased. Continuous infusion may be needed. Nebulised atropine has been reported beneficial in respiratory distress. 1. Glycopyrolate Alternative to atropine. Ampules of 7.5 mg added to 200 ml of saline and infused. This is very good in case of respiratory infection. Avoid theophyllin and aminophyllin or barbiturates. 2-PAM and other oximes are harmful and in fact contra indicated for routine usage. Do not give atropine to a cyanotic patient. Give artificial respiration first then administer atropine.