

**CLASS: A**

**PROTOCOLS USED IN:** Organophosphate Poisoning

**PHARMACOLOGY AND ACTIONS:**

The principal action of Pralidoxime is to reactivate cholinesterase which has been inactivated by an organophosphate pesticide or related compound. The drug's most critical effect is in relieving paralysis of respiratory muscles. Atropine is always required concurrently to block the effect of acetylcholine.

**INDICATIONS:**

- A. As an antidote in the treatment of poisoning due to organophosphate pesticides and chemicals.
- B. Control of overdose by anticholinesterase drugs (e.g. treatment of myasthenia gravis).

**CONTRAINDICATIONS:**

None in the emergency setting.

**PRECAUTIONS:**

- A. Rapid IV injection may cause tachycardia, laryngospasm, muscle rigidity and transient neuromuscular blockade. Administration should be done slowly and preferably by infusion.
- B. Pralidoxime is a relatively short acting drug, repeat dosing may be necessary.

**SIDE EFFECTS AND NOTES:**

Dizziness, blurred vision, diplopia, headache, drowsiness, nausea, tachycardia and muscle weakness have been reported following administration.

**ADULT DOSING:**

Refer to Haz-Mat Protocol – Organophosphate Poisoning for dosing.

**PEDIATRIC DOSING:**

Refer to Haz-Mat Protocol – Organophosphate Poisoning for dosing.