

Nerve Agent / Organophosphate Poisoning

The incident commander is in charge of the scene, and you are to follow his/her direction for entering and exiting the scene. Patients in the hot and warm zones MUST be decontaminated prior to entering the cold zone.

ADULT

PEDIATRIC

BLS Procedures

Patients that are exhibiting obvious signs (SLUDGEM) of organophosphate exposure and/or nerve agents

Maintain airway and position of comfort

Administer oxygen as indicated

- **Mark I or DuoDote Antidote Kit (If Available)**

- Mild Exposure: IM x 1
 - May repeat in 10 minutes if symptoms persist
- Severe Exposure: IM x 3 in rapid succession, rotating injection sites

ALS Standing Orders

When Mark I or DuoDote Antidote kit is not available:

- **Atropine**

- Mild or Severe Exposure:
- IV/IO – 2 mg
- May repeat q 5 minutes for persistent symptoms

If CHEMPAK deployed:

- **Diazepam**

- IM/IV/IO – 5 mg
- q 10 minutes titrated to effect
- Max 30 mg

When Mark I or DuoDote Antidote kit is not available:

- **Atropine**

- Mild or Severe Exposure:
- IV/IO – 0.05 mg/kg mg
- May repeat q 5 minutes for persistent symptoms

If CHEMPAK deployed:

- **Diazepam**

- IM/IV/IO - 0.1 mg/kg
- q 10 min titrated to effect
- Max single dose 5 mg
- Max total dose 10 mg

Base Hospital Orders Only

Consult with ED Physician for further treatment measures

Additional Information:

- DuoDote contains 2.1 mg Atropine Sulfate and 600 mg Pralidoxime Chloride.
- **Diazepam** is available in the CHEMPACK and may be deployed in the event of a nerve agent exposure.
- **Mild Exposure symptoms:**
 - Miosis, rhinorrhea, drooling, sweating, blurred vision, nausea, bradypnea or tachypnea, nervousness, fatigue, minor memory disturbances, irritability, unexplained tearing, wheezing, tachycardia, bradycardia, SOB, muscle weakness and fasciculations, GI effects.
- **Severe Exposure:**
 - Abnormal behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea, involuntary defecation, urination.