



History and Physical:

| Historical Findings | Physical Findings |
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| <ul style="list-style-type: none">Determine type of exposure and refer to the USDOT-ERG for initial assessment and management | <ul style="list-style-type: none">Finding will vary based upon contaminantIf Organophosphates (OGPs)<ul style="list-style-type: none">SLUDGE- Killer B's<ul style="list-style-type: none">Salivation, Lacrimation (tearing), Urination, Diarrhea/Defecation, GI distress, Emesis, Bradycardia, Bronchorrhea, Bronchoconstriction |

Assessment:

- Medical care should be coordinated with a Hazardous Materials Response Team
- Ensure that the patient has been decontaminated
- At **NO TIME** should EMS personnel enter the **HOT** or **WARM** Zone, until cleared by HAZMAT team
- If exposure is localized and not generalized:
 - Dry chemical: brush the chemical off and flush with copious amounts of water.
 - Wet Chemical: Irrigate with copious amounts of water
 - Water should be from a steady stream for last least 15-20 minutes into a sanitary sewer

Clinical Management Options:

| Interventions | Pharmacology |
|---|--|
| <ul style="list-style-type: none">Assure scene and personal safetyAssure that patient has been decontaminated appropriatelyOxygen therapy as appropriateVascular Access as indicatedEKG | <ul style="list-style-type: none">For OGP, administer atropine 2 mg repeated frequently until bradycardia has resolved<ul style="list-style-type: none">Doses in excess of 5-10 mg may be required to resolve bradycardia in OGP. |

Consult:

- DSI

Additional Information:

- Hazardous Materials may fall under the following categories:
 - Chemical
 - Biological
 - Nuclear
 - Radioactive
 - Explosive
- Most common OGPs are pesticides and produce and exaggerated parasympathetic response