



**History and Physical:**

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

**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"><li>Assure scene and personal safety</li><li>Assure that patient has been decontaminated appropriately</li><li>Oxygen therapy as appropriate</li><li>Vascular Access as indicated</li><li>EKG</li></ul>	<ul style="list-style-type: none"><li>For OGP, administer <b>atropine</b> 2 mg repeated frequently until bradycardia has resolved<ul style="list-style-type: none"><li>Doses in excess of 5-10 mg may be required to resolve bradycardia in OGP.</li></ul></li></ul>

**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