

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	
<p><i>Patients that are exhibiting obvious signs of exposure (SLUDGEM) of organophosphate exposure and/or nerve agents</i></p> <p>Maintain airway and position of comfort</p> <p>Administer oxygen as indicated</p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit (If Available) <ul style="list-style-type: none"> • Mild Exposure: IM x 1 <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist ○ Severe Exposure: IM x 3 in rapid succession, rotating injection sites 	
ALS Standing Orders	
<p><i>Patients that are exhibiting obvious signs of exposure (SLUDGEM) of Organophosphate exposure and/or Nerve Agents</i></p> <p><i>If not already administered by BLS personnel:</i></p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit (If Available) <ul style="list-style-type: none"> • Mild Exposure: IM x 1 <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist ○ Severe Exposure: IM x 3 in rapid succession, rotating injection sites <p>When Mark I or DuoDote Antidote kit is not available:</p> <ul style="list-style-type: none"> • Atropine <ul style="list-style-type: none"> • Mild or Severe Exposure: <ul style="list-style-type: none"> • IV/IO – 2 mg • May repeat q 5 minutes for persistent symptoms <p>For seizures:</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg 	<p><i>Patients that are exhibiting obvious signs of exposure (SLUDGEM) of Organophosphate exposure and/or Nerve Agents</i></p> <p><i>If not already administered by BLS personnel:</i></p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit (If Available) <ul style="list-style-type: none"> • Mild Exposure: IM x 1 <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist • Severe Exposure: IM x 3 in rapid succession, rotating injection sites <p>When Mark I or DuoDote Antidote kit is not available:</p> <ul style="list-style-type: none"> • Atropine <ul style="list-style-type: none"> • Mild or Severe Exposure: <ul style="list-style-type: none"> • IV/IO – 0.05 mg/kg • May repeat every 5 minutes for persistent symptoms <p>For seizures:</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> • IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Repeat q 2 min as needed • Max single dose 2 mg • Max total dose 5 mg • IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg
Base Hospital Orders Only	
Consult with ED Physician for further treatment measures	
<ul style="list-style-type: none"> • 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. Paramedics may administer diazepam using the following dosages for the treatment of seizures: <ul style="list-style-type: none"> ○ Adult: 5 mg IM/IV/IO q 10 min titrated to effect (<i>max 30 mg</i>) ○ Pediatric: 0.1 mg/kg IV/IM/IO (max initial dose 5 mg) over 2-3 min q 10 min titrated to effect (<i>max total dose 10 mg</i>) • Mild Exposure symptoms: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Strange, confused behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea pinpoint pupils, involuntary defecation, urination 	