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NERVE AGENT EXPOSURE

I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE: To serve as a patient treatment standard for EMR~~'~~s, EMTs, AEMT~~'~~s, and Paramedics within their scope of practice.

III. PROTOCOL: "Nerve Agent" means an extremely toxic organophosphate-type chemical, including GA (Tabun), GB (Sarin), GD (Soman), GF (Cyclosarin) and VX which attack the nervous system and interfere with neurotransmitters~~chemicals~~ that interact with~~control~~ nerves, muscles, and glands. They are odorless, invisible and can be inhaled, absorbed through the skin, or swallowed. This protocol applies to large-scale organophosphate poisonings. *General treatment centers on responder safety, terminating the exposure, patient decontamination, Chempack deployment, airway support, and pharmacological treatment.*

STANDING ORDERS

DECONTAMINATE	Decontaminate prior to patient contact
ASSESS	CAB
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider advanced ~~intubation/perilaryngeal~~ airway. ~~Refer to General Procedures Protocol 554.00~~
POSITIONING	Position patient left lateral/recovery position.
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	Rate as indicated. If systolic BP is <90mmHg, give 250 mL~~cc~~ boluses until systolic BP is 90-100 mmHg. Reassess patient after each bolus.
DETERMINE LEVEL OF EXPOSURE	Mild: Rhinorrhea, Chest Tightness, Dyspnea, Bronchospasm Moderate: SLUDGEM Severe: SLUDGEM, Severe Dyspnea, Seizures, Agitation, Drowsiness, Coma, Staggering

Exposure/Symptoms	Treatment	
	Atropine	**Pralidoxime (2-Pam)**
Asymptomatic	None (monitor patient)	None (monitor patient)
Mild	**Adult:** 1 Auto Injector (2mg) IM. **Pedi**: **DO NOT Administer**	**Adult:** One (1) Auto-injector (600 mg) IM ***IF*** Signs and Symptoms do not resolve 5 minutes after Atropine administration. **Pedi**: **DO NOT Administer**
Moderate	**Adult:** 2 Auto-injectors (4mg) IM. **Pedi**: **DO NOT Administer**	**Adult:** 1 Auto-injector (600 mg) IM, may repeat 1x in 5-10 min. as needed. **Peds: DO NOT Administer**
Severe	**Adult:** 3 Auto-injectors (6 mg) IM. **Peds:** 0.02mg/kg IV/IO/IM, minimum dose 0.1mg, repeat as needed	**Adult:** 3 Auto-injectors (1.8 Gms) IM. *Do NOT repeat.* **Peds:** 20-40mg/kg IV/IO/IM, max 1 gram IM, repeat as needed

~~**VALIUM (For Seizures)**~~ ~~**Adult:** 2.5-10mg slow IV/IO push to control seizures, may repeat once for recurrent seizures. Max dose 20mg.~~
~~**Pedi:** 0.1-0.3 mg/kg slow IV/IO, may repeat at 0.05-0.1mg/kg IV/IO. Max dose 10mg.~~