	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8027.12
	PROGRAM DOCUMENT:	Initial Date:	10/24/01
	Symptomatic Nerve Agent Exposure - Treatment	Last Approval Date:	09/23/24
		Effective Date:	05/01/25
		Next Review Date	09/01/26

Signature on File	Signature on File
EMS Medical Director	EMS Administrator

## Purpose:

- A. To establish protocols for Paramedics in treating nerve agent exposures.
- B. To establish protocols for EMS personnel to self-administer nerve agent antidotes after exposure.

## **Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

## Indications:

- A. Nerve Agent Exposure to the eyes, respiratory tract, or skin
- B. Signs and symptoms of Nerve Agent Exposure (mild to severe):

1. Runny nose	9. Abdominal cramps
2. Chest tightness	10. Involuntary urination/defecation
3. Difficulty breathing	11. Jerking/twitching/staggering
4. Bronchospasm	12. Headache
5. Pinpoint pupils/blurred vision	13. Drowsiness
6. Drooling	14. Coma
7. Excessive Sweating	15. Convulsions
8. Nausea/vomiting	16. Apnea

C. Nerve Agent Exposure Mnemonic (SLUDGEM):

**S**alivation

Lacrimation

**U**rination

**D**efecation

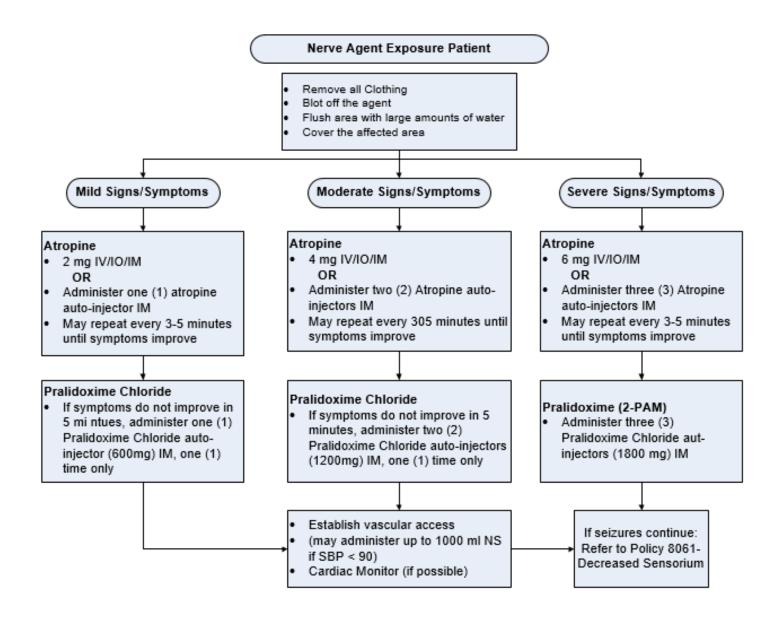
**GI** Distress

**E**mesis

Miosis/muscle fasciculation

## Protocol:

- A. This protocol is NOT A STANDING ORDER. It shall be used in conjunction with PD# 8029 Hazardous Materials. Any Paramedic wishing to utilize this protocol must obtain an activation order from a Base Hospital Physician. Once activation is obtained, the entire protocol is a standing order and applies to all Paramedics operating on the incident.
  - EMS personnel that are equipped <u>may self-administer</u> nerve agent antidote kits when authorized and trained to do so. Under no circumstances are EMS personnel to administer any medications to others or self-administer medication in any other form than via auto-injectors under this protocol.
- B. EMS personnel shall not enter or provide treatment in the Exclusion Zone (Hot Zone) unless trained, equipped, and authorized to do so as per PD# 8029-Hazardous Materials.
- C. EMS personnel shall not use HazMat-specific personal protective equipment (PPE), including self-contained breathing apparatus (SCBA) unless trained, fit tested, and authorized to do so.
- D. Auto-injectors are NOT to be used on children under forty (40) kg.
- E. Do not transport patients until they are completely decontaminated. If transport personnel become contaminated, they shall immediately undergo decontamination.
- F. The <u>Atropine</u> (2 mg) and <u>2-PAM</u> (Pralidoxime Chloride 600 mg) auto-injectors included in <u>MARK I</u> Nerve Agent Antidote Kits or <u>DuoDote Auto-Injectors</u> (<u>Atropine 2.1mg and 2-PAM 600mg</u>) will be used only by those Paramedics that have been trained in their use and have them available. <u>Atropine</u> may be administered intramuscularly (IM) or intravenously (IV) in situations where <u>MARK I</u> or <u>DuoDote</u> Nerve Agent Antidote Kits are not available.
- G. Nerve agent antidote medications are only given if the patient is showing signs and symptoms of nerve agent poisoning. They are not to be given prophylactically. A decrease in bronchospasm and respiratory secretions are the best indicators of a positive response to Atropine and Pralidoxime Chloride.



**Cross Reference:** PD#7500 – Disaster Medical Services Plan

PD#8029 – Hazardous Materials