COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Symptomatic Nerve Agent Exposure - Treatment**
Policy Number: 8027.13

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

15. Convulsions
16. Apnea

C. Nerve Agent Exposure Mnemonic (SLUDGEM):

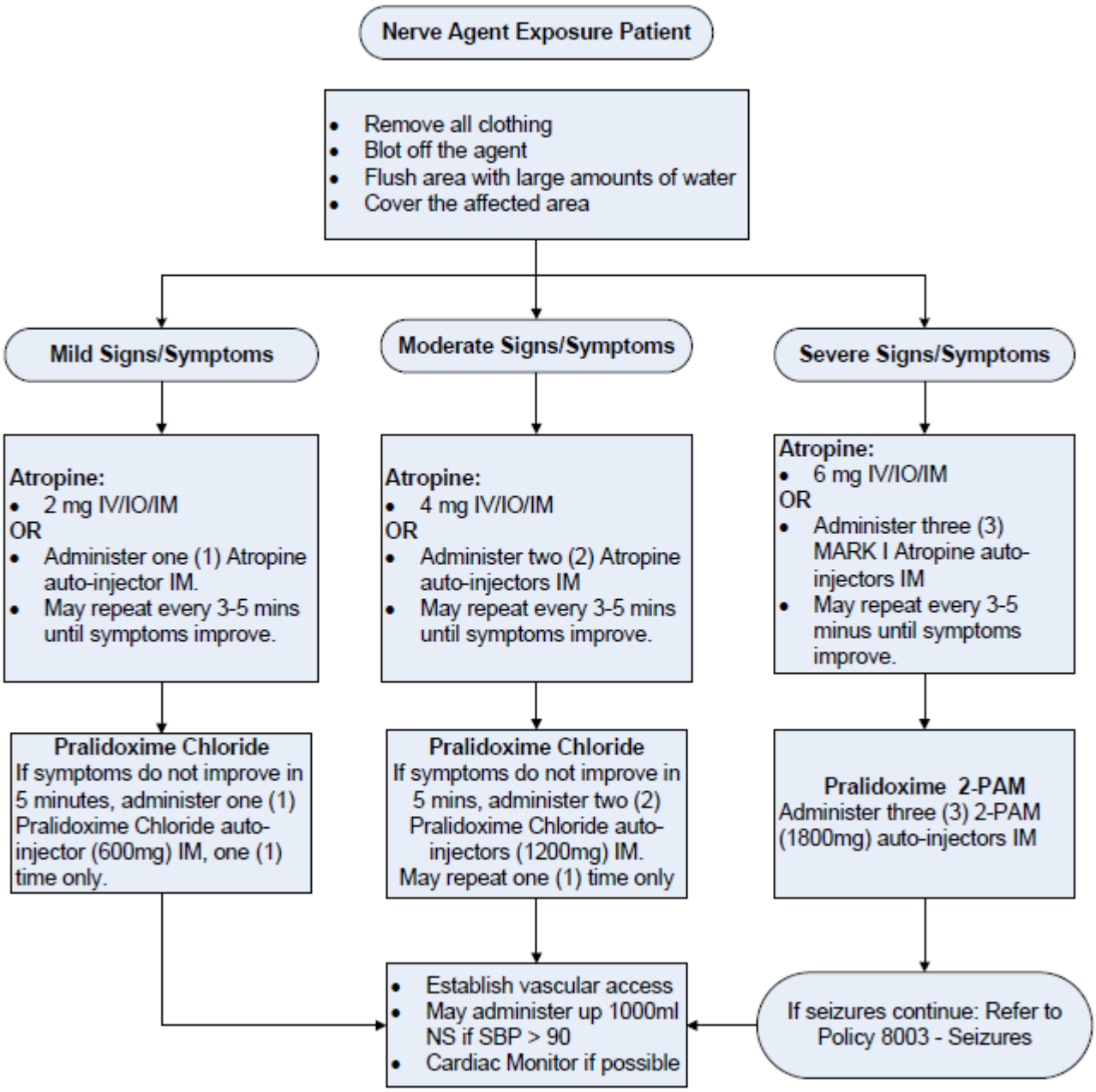
Salivation
Lacrimation
Urination
Defecation
GI Distress
Emesis
Miosis/muscle fasciculation

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.
   1. EMS personnel that are equipped **may self-administer** 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 Atropine (2 mg) and 2-PAM (Pralidoxime Chloride – 600 mg) auto-injectors included in MARK I Nerve Agent Antidote Kits or DuoDote Auto-Injectors (Atropine 2.1mg and 2-PAM 600mg) will be used only by those Paramedics that have been trained in their use and have them available. Atropine may be administered intramuscularly (IM) or intravenously (IV)

in situations where MARK I or DuoDote 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#8003 – Seizures
PD#8029 – Hazardous Materials