

TREATMENT PROTOCOL

Triage, decontaminate, and treat patient based on severity of symptoms

S-150

CHEMPACK DEPLOYMENT AND AUTOINJECTOR USE

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BLS ALS

Upon identification of a scene involving suspected or known exposure of nerve agent

- Isolate area
- Notify dispatch of possible Mass Casualty Incident with possible nerve agent involvement
- DO NOT ENTER AREA

If exposed

- · Blot off agent
- Strip off all clothing, avoiding contact with outer clothing surfaces
- Flush affected area(s) with copious amounts of water
- Cover affected area(s)

If you begin to experience any signs/symptoms of nerve agent exposure, for example

(Use SLUDGE/BBB mnemonic: Salivation, Lacrimation, Urination, Defecation, Gastrointestinal distress, Emesis, Bronchorrhea, Bronchospasm, Bradycardia)

- Increased secretions (tears, saliva, runny nose, sweating)
- Diminished vision, small pupils
- SOB
- · Nausea, vomiting, diarrhea
- Muscle twitching/weakness
- NOTIFY THE INCIDENT
 COMMANDER (or dispatch if no
 IC) immediately of your exposure
 and declare yourself a patient

Self-treat immediately per the acuity guidelines listed under ALS

Mild

Miosis, rhinorrhea, increasing salivation

• DuoDote (or equivalent) autoinjector 1,2 IM

Moderate

Miosis, rhinorrhea, shortness of breath, vomiting, diarrhea

• DuoDote (or equivalent) autoinjector^{1,2} IM x2 in rapid succession

Ongoing DuoDote treatment

 If symptoms of mild or moderate exposure progress after initial evaluation, administer additional DuoDote (or equivalent) autoinjector^{1,2} IM up to a cumulative maximum of 3 doses

Severe

Severe respiratory distress, respiratory arrest, cyanosis, extreme SLUDGE/BBB, seizures, unconsciousness

• DuoDote (or equivalent) autoinjector^{1,2} IM x3 in rapid succession

For seizures

- Diazepam autoinjector 10mg IM
- If no diazepam autoinjector available, treat per Altered Neurologic Function (Non-Traumatic) Protocol (S-123)

Ongoing organophosphate SLUDGE/BBB signs and symptoms after completion of initial 3 doses of DuoDote

• Atropine autoinjector or atropine per Poisoning/Overdose Protocol (S-134)

PEDIATRIC DOSING

Mild

Miosis, rhinorrhea, increased salivation

 Pediatric atropine autoinjector or atropine per Poisoning/Overdose Protocol (S-165)

Moderate

Miosis, rhinorrhea, shortness of breath, vomiting, diarrhea

• DuoDote (or equivalent) autoinjector^{1,2} IM (dose per weight):

¹ DuoDote (or equivalent) autoinjectors are authorized for use by Paramedics, and by EMT/AEMTs as an optional skill, subject to completion of County of San Diego approved training or on scene just-in-time (JIT) training.

² DuoDote autoinjectors contain atropine 2.1 mg and pralidoxime (2-PAM) 600 mg. If no DuoDote (or equivalent) autoinjectors are available, coadministration of an atropine autoinjector 2mg IM plus a pralidoxime (2-PAM) autoinjector 600 mg IM is an authorized substitution.

Weight		LBR	DuoDote		
5 kg	GREY		PINK		1 DuoDote
10 kg	RED PUR		PLE	YELLOW	1 DuoDote
15 kg		W	1 DuoDote		
20 kg		В	1 DuoDote		
25 kg		OR	1 DuoDote		
35 kg		GF	1 DuoDote		
>36 kg		TURC	2 DuoDotes (adult dose)		

Severe

Severe respiratory distress, respiratory arrest, cyanosis, extreme SLUDGE/BBB, seizures, unconsciousness

- For seizures, treat per Altered Neurologic Function (Non-Traumatic) Protocol (S-161)
- DuoDote(s) (or equivalent) autoinjector^{1,2} IM (dose per weight):

Weight		LBR	DuoDote		
5 kg	GREY		PINK		1 DuoDote
10 kg	RED	PUR	PLE	YELLOW	1 DuoDote
15 kg		W	1 DuoDote		
20 kg		В	1 DuoDote		
25 kg		OR	2 DuoDotes		
35 kg		GF	2 DuoDotes		
>36 kg		TUR	3 DuoDotes (adult dose)		

Ongoing organophosphate SLUDGE/BBB signs and symptoms after completion of initial DuoDote doses

 Pediatric atropine autoinjector or atropine per Poisoning/Overdose Protocol (S-165)

Weight		LBR	Atropine Autoinjector		
5 kg	GREY		PINK		0.5 mg
10 kg	RED	PUR	PLE	YELLOW	0.5 mg
15 kg		W	0.5 mg		
20 kg		В	1 mg		
25 kg		OR	1 mg		
35 kg		GF	1 mg		
>36 kg		TUR	2 mg		

Note: If there are no autoinjectors in the CHEMPACK, paramedics may administer medications from multi-dose vials.