



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

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

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	LBRT Color		DuoDote
5 kg	GREY	PINK	1 DuoDote
10 kg	RED	PURPLE YELLOW	1 DuoDote
15 kg	WHITE		1 DuoDote
20 kg	BLUE		1 DuoDote
25 kg	ORANGE		1 DuoDote
35 kg	GREEN		1 DuoDote
>36 kg	TURQUOISE		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	LBRT Color		DuoDote
5 kg	GREY	PINK	1 DuoDote
10 kg	RED	PURPLE YELLOW	1 DuoDote
15 kg	WHITE		1 DuoDote
20 kg	BLUE		1 DuoDote
25 kg	ORANGE		2 DuoDotes
35 kg	GREEN		2 DuoDotes
>36 kg	TURQUOISE		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	LBRT Color		Atropine Autoinjector
5 kg	GREY	PINK	0.5 mg
10 kg	RED	PURPLE YELLOW	0.5 mg
15 kg	WHITE		0.5 mg
20 kg	BLUE		1 mg
25 kg	ORANGE		1 mg
35 kg	GREEN		1 mg
>36 kg	TURQUOISE		2 mg

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