



<h1>Treatment Protocol</h1>		<h2>4605</h2>
Effective April 1, 2018	Expires March 31, 2019	
Policy: Exposure to Nerve Agents, Organophosp . . .	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of Exposure to Nerve Agents, Organophosphate . . .

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Pertinent Findings			
Environment <i>Agriculture Industry</i>	History <i>Release of: Nerve agents or pesticides Use Atropine & 2-PAM with caution in: Pediatrics and geriatrics The medically compromised Hypertension and renal failure</i>	Physical <i>Agitation, diaphoresis, rhinorrhea, dyspnea Muscle twitching, seizures, muscle weakness Headache, unconscious, flaccid, apneic Salivation, Lacrimation, Urination, Defecation, Gastric effects, Emesis, Miosis</i>	Differential Diagnosis <i>Other exposure Cholinergic Drug OD</i>

Emergency Stabilization or Patient Management

If you are exposed to hazardous materials follow your agency's procedure or, if none:
 Begin self-decontamination and self-treatment
 Don escape hood when appropriate, if equipped
 Escape to a safe location: 300 feet or more upwind, uphill, and upstream
 Identify yourself as a patient

NAAK (Nerve Agent Antidote Kit, DuoDote or Mark I) IM auto-injection(s)
 For self-administration in symptomatic nerve agent, organophosphate, or carbamate exposure, if equipped
 See the REMSA Calculation Chart for concentration, and adult dosage and volume
 May repeat twice as clinically indicated

When you encounter possible hazardous materials follow your agency's procedure or, if none:
 Stage in a safe location: 300 feet or more upwind, uphill, and upstream
 Maintain exit routes and deny entry
 Ensure Hazardous Materials Response Team (HMRT) response
 Mount a wind streamer to your vehicle's antenna and monitor wind direction
 Do not enter until the On Scene Incident Commander has deemed it reasonably 'safe to enter'

When decontaminating the patient(s) follow your agency's procedure or, if none and you are trained/equipped:
 Remove and bag patient's clothing, jewelry, etc.
 Brush off dry chemicals and dilute excess liquid chemicals
 Wash patient with mild soap and water
 Rinse and flush with large amounts of water
 Flush contaminated eyes with saline for 15 minutes or until pain and irritation subside
 Cover with warm dry clothing and/or blankets
 Consult container label or any onsite SDS for decontamination instructions
 Remove label or copy page from SDS, preserve in sealed plastic bag, and transport

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Emergency Stabilization or Patient Management <i>(continued)</i>				
<p><i>Do not induce vomiting</i></p> <p>Antidote: Consult container label or onsite SDS for antidote instructions Read and relate decontamination and antidote instructions to the base hospital (BH)</p> <p><i>Do not spread contamination! Never transport a contaminated patient, container, or materials!</i></p>		E M T	A E M T	P M
<p>Atropine IV/IO push or IM For symptomatic nerve agent, organophosphate, or carbamate exposure See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated</p>				P M

Return to Universal Patient Treatment Protocol <i>For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management</i>				
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***** Base Hospital Orders *****				
<p>Initiate, repeat, or modify standing orders within scope of practice As ordered</p> <p>Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered</p> <p>Mode of transport is an operational decision</p>		E M T	A E M T	P M