



**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**ENVIRONMENTAL
REFERENCE NO. E-8 (LALS)**

SUBJECT: NERVE AGENT TREATMENT

PURPOSE:

To establish standards for the requirements for Advanced EMTs in treating patients with nerve agent exposures.

AUTHORITY:

Health & Safety Code, Division 2.5.

California Code of Regulations, Title 22, Division 9.

California Code of Regulations, Title 19, Division 2, Articles 1-8, Sections 2400 et seq.,
Standardized Emergency Management System (SEMS) Regulations.

PROCEDURAL PROTOCOL:

- A. This protocol is NOT a standing order. **Any Advanced EMT wishing to utilize this protocol for patient administration MUST obtain an activation order from a Base / Modified Base Hospital Physician.** Once activation is obtained, the entire protocol is a standing order that applies to all accredited EMTs, Advanced EMTs and paramedics operating at the incident.
- B. Providers will ensure personal safety by assuring adequate decontamination of victims and using appropriate personal protective equipment (PPE). Medical procedures within the Exclusion Zone (Hot Zone / contaminated area) will only be performed by personnel who have specific training to allow them to function in that area. **Under no circumstances should responding personnel at any level of expertise use Personal PPE or assist in patient decontamination without completing the required training.**
- C. The Atropine (2mg) and 2-PAM (Pralidoxime Chloride–600mg) auto-injectors included in **MARK I / DuoDote** Nerve Agent Antidote Kits will be used only by those accredited EMTs, Advanced EMTs and paramedics that have been trained in their use and have them available. Advanced EMT and paramedic personnel may administer atropine / 2-PAM IM/ IV in situations where auto-injector Nerve Agent Antidote Kits are not available.
- D. Auto-injectors are **NOT** to be used in children under 40 Kg.

Effective Date: 12/01/2011
Next Review Date: 09/2014
Approved by:

Date last reviewed revised: 09/11
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SIGNATURE ON FILE
S-SV EMS Medical Director

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S-SV EMS Regional Executive Director



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E. SELF ADMINISTRATION

- a. EMT / Public Safety personnel that have been trained and equipped may utilize this protocol to self administer MARK I / DuoDote auto-injectors when authorized by their prescribing physician.
- b. Accredited EMTs, Advanced EMTs and paramedics may self administer according to this protocol.

F. SPECIAL NOTES / PRECAUTIONS

- a. Only specially trained accredited EMTs, Advanced EMTs and paramedics may administer nerve agent antidote medications to patients.
- b. 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.**
- c. This treatment protocol is to be used in conjunction with protocol #E-7 (HazMat)
- d. Note: a decrease in bronchospasm and respiratory secretions are the best indicators of a positive response to atropine and 2-PAM therapy.

Signs and Symptoms of Nerve Agent Exposure (from mild to severe)

Exposure



Signs & Symptoms

- Unexplained runny nose
- Tightness in the chest
- Difficulty breathing
- Bronchospasm
- Pinpoint pupils resulting in blurred vision
- Drooling
- Excessive sweating
- Nausea and/or vomiting
- Abdominal cramps
- Involuntary urination and/or defecation
- Jerking, twitching and staggering
- Headache
- Drowsiness
- Coma
- Convulsions
- Apnea

Mnemonic for Nerve Agent Exposure

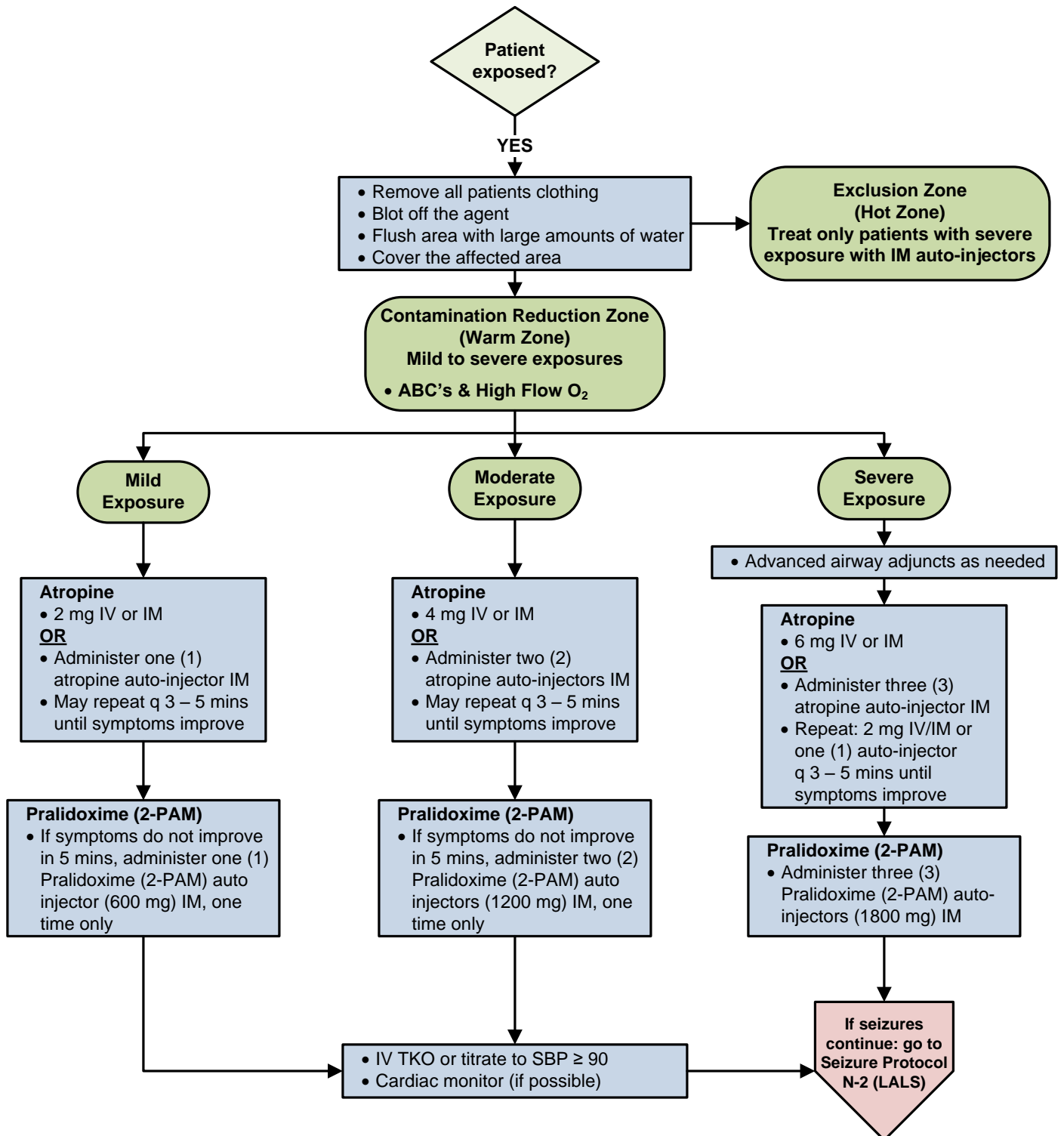
**Salivation
Lacrimation
Urination
Defecation
Gastrointestinal pain & gas
Emesis**



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• DuoDote Auto-Injector (Atropine 2.1 mg/0.7ml & Pralidoxime Chloride 600 mg/2ml) may be utilized if MARK I kits (Atropine 2mg & Pralidoxime Chloride 600mg) are not available