



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

**ENVIRONMENTAL  
REFERENCE NO. E-8**

**SUBJECT: NERVE AGENT TREATMENT**

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**PURPOSE:**

To establish standards for the requirements for paramedics, and accredited 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 paramedic / 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 paramedics / accredited EMTs 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 paramedics / accredited EMTs that have been trained in their use and have them available. 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.

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

Date last reviewed revised: 09/11  
Page 1 of 3

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**SIGNATURE ON FILE**  
S-SV EMS Medical Director

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**SIGNATURE ON FILE**  
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. Paramedics and accredited EMTs may self administer according to this protocol.

### F. SPECIAL NOTES / PRECAUTIONS

- a. Only specially trained paramedic and accredited EMT personnel 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**

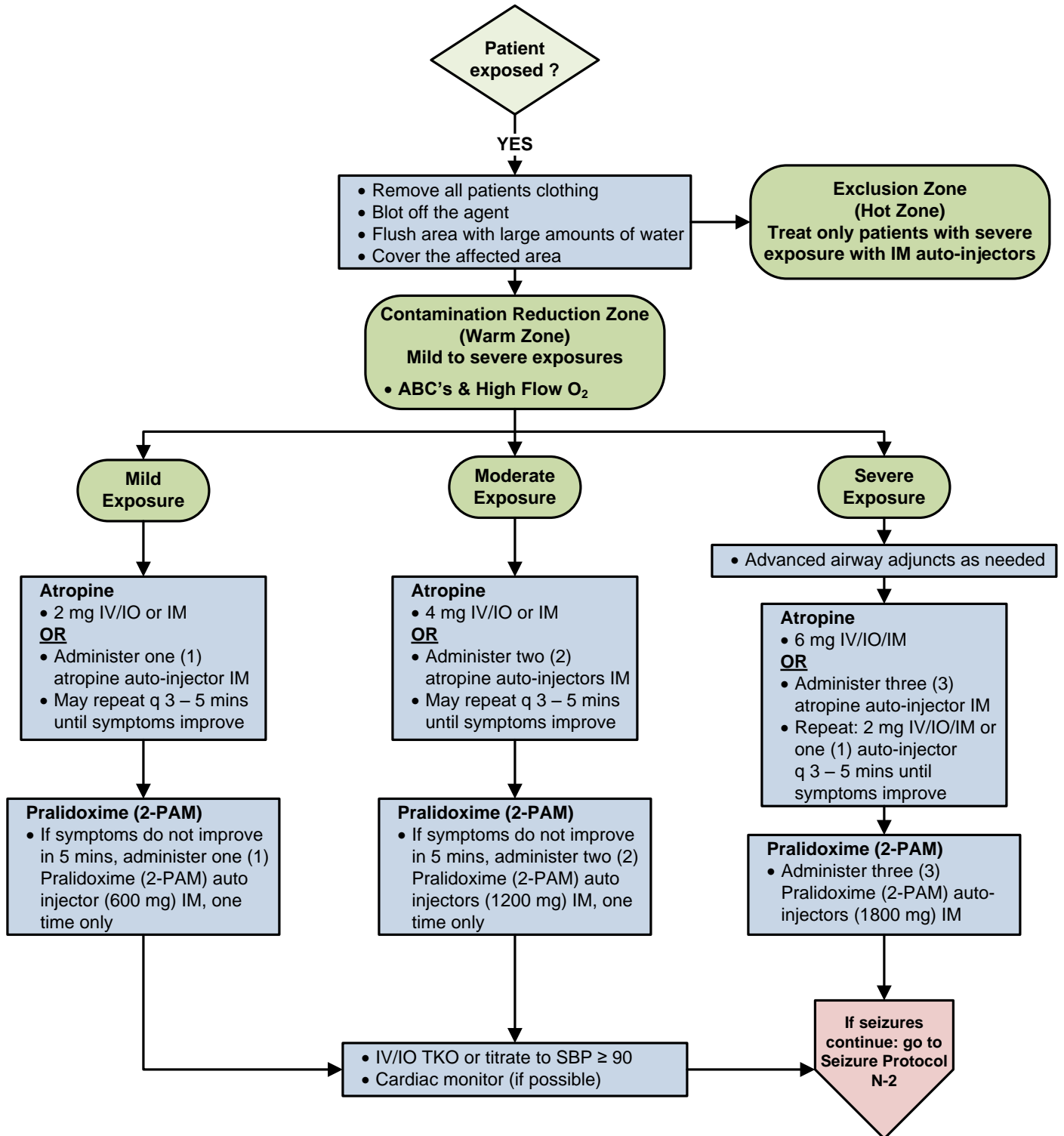
**Salivation  
Lacrimation  
Urination  
Defecation  
Gastrointestinal pain & gas  
Emesis**



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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