



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

**ENVIRONMENTAL
REFERENCE NO. E-8**

SUBJECT: NERVE AGENT TREATMENT

PURPOSE:

To establish standards for the requirements for EMT-Ps, and accredited EMT-Is 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 EMT-P/EMT-I 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 EMT-Ps/EMT-Is operating at the incident.
- B. All 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 Protective Equipment or assist in patient decontamination without completing the required training.**
- C. The Atropine (2mg) and 2-PAM (Pralidoxime Chloride–600mg) autoinjectors included in **MARK I** Nerve Agent Antidote Kits will be used only by those EMT-Ps/ accredited EMT-Is that have been trained in their use and have them available. EMT-Ps may administer atropine IM/IV or the **DuoDote Auto-Injector** in situations where MARK I Nerve Agents Antidote Kits are not available.
- D. Auto-injectors are **NOT** to be used in children under 40 Kg.

Effective Date: 01/01/2010
Next Review Date: 06/2011
Approved by:

Date last reviewed revised: 07/2009
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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-I/Public Safety** personnel that have been trained and equipped may utilize this protocol to self administer **MARK I (or DuoDote)** auto-injectors when authorized by their prescribing physician.
- b. **EMT-Ps and accredited EMT-Is** may self administer according to this protocol.

F. SPECIAL NOTES / PRECAUTIONS

- a. **Only specially trained EMT-P and accredited EMT-I 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 policy is to be used in conjunction with policy # E-7 (Haz/Mat)
- 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

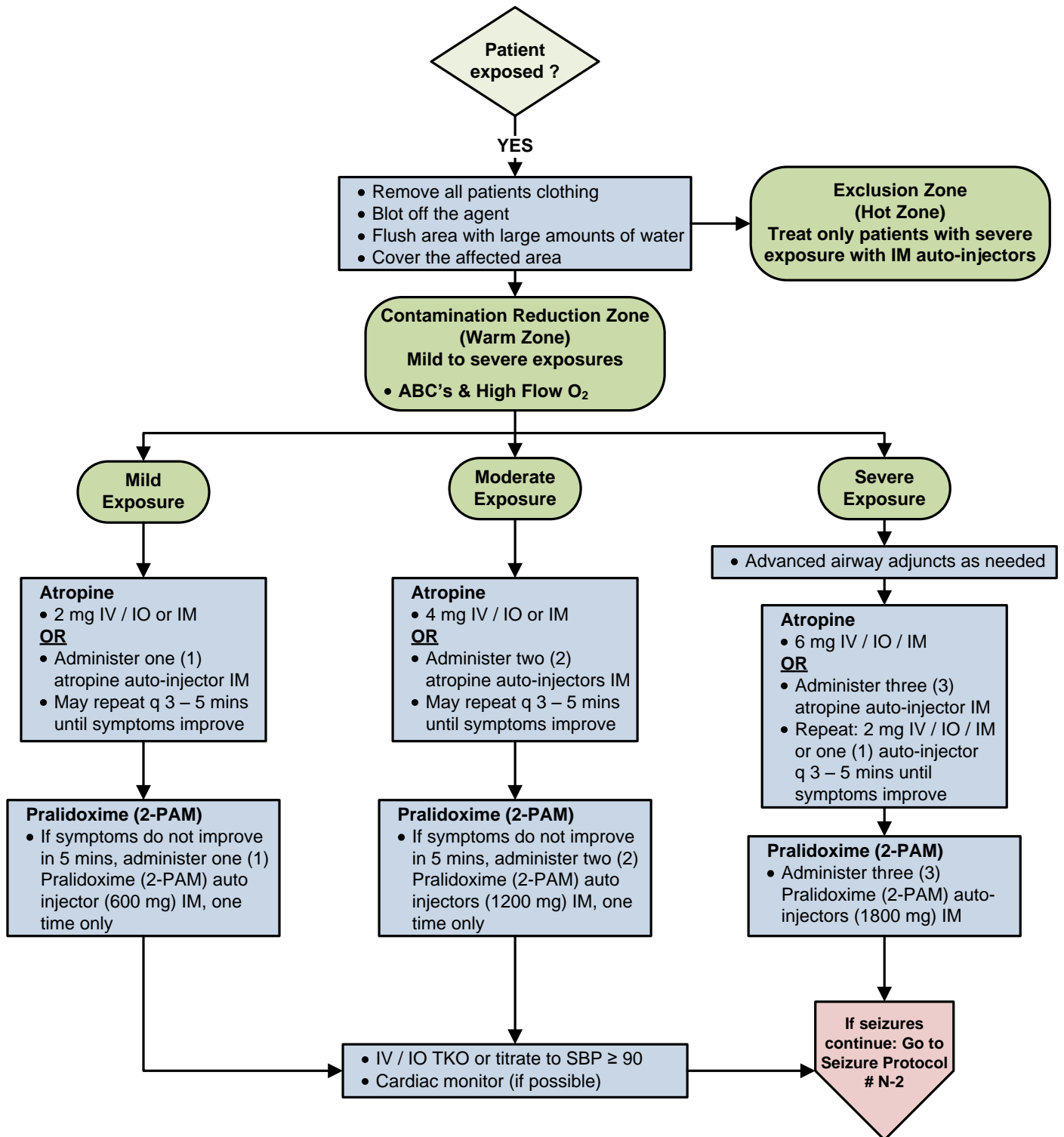
Salivation
Lacrimation
Urination
Defecation
Gastrointestinal pain & gas
Emesis



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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