

PRALIDOXIME (2-PAM Chloride)

ACTIONS: Nerve agent antidote

- Restores cholinesterase activity.
- Administer as soon as possible after symptomatic nerve agent exposure.

INDICATIONS

- Potential or confirmed nerve agent exposure with SLUDGE symptoms and signs.

CONTRAINDICATIONS

- No signs of life.
- Non-resuscitation group due to other concomitant injury.

ADULT DOSE/ROUTE:

- ⇒ **Exhibiting 1 or more SLUDGE signs and Elderly or requiring prolonged extrication:**
 - 1-3 Autoinjectors IM
- ⇒ **Exhibiting 2 or more SLUDGE signs or Non-ambulatory:**
 - 3 Autoinjectors IM

PEDIATRIC DOSE/ROUTE:

- ⇒ **Exhibiting 1 or more SLUDGE signs and appearing less than 14 years old or requiring prolonged extrication:**
 - 1-3 Autoinjectors IM.
- ⇒ **Exhibiting 2 or more SLUDGE signs and Non-ambulatory:**
 - 3 Autoinjectors IM.

NOTES:

- Large amounts of Atropine/2-PAM may be needed to adequately treat symptoms of nerve agent poisoning.
- Each injector carries 2.1mg Atropine and 600mg Pralidoxime.
- Titrate dose to effect.
- Give atropine first.
- Do not administer to asymptomatic patients.
- Medication effects start within 1-5min following administration.
- Most effective if given early before irreversible binding of nerve agent with acetylcholinesterase (“aging”) occurs, but may be administered up to 48 hours post exposure in symptomatic patients.
- Bronchospasm and respiratory secretions are the best acute symptoms to monitor response to Atropine/2-PAM therapy:
 - Decreased bronchospasm and respiratory secretions = Getting Better.
 - No change or increased bronchospasm and respiratory secretions = Needs more 2-PAM