



POLICY PEDIATRIC M16 ORGANOPHOSPHATES EXPOSURE

Effective Date : November 18, 2018

Last Review: New Policy

Next Review: November 2020

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION: Organophosphate poisonings may cause bronchospasm, an increase in pulmonary and nasal secretions, constricted pupils, vomiting, diarrhea, urinary incontinence, diaphoresis, and cardiac dysrhythmias including both bradycardia and AV blocks. Remember the following mnemonic: **SLUDGEM** (Salivation, Lacrimation, Urination, Defecation, Gastric upset, Emesis and Miosis.)

ENSURE PATIENT HAS BEEN DECONTAMINATED BEFORE PROVIDING CARE

USE NITRILE GLOVES ONLY

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

VITALS: assess vitals; refer to length based assessment tape.

BLOOD SUGAR CHECK: test blood sugar and treat as appropriate.

ALS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, establish advanced airway as necessary.

VITALS: assess vitals; refer to length based assessment tape.

BLOOD SUGAR CHECK: test blood sugar and treat as appropriate.

MONITOR: treat rhythm as appropriate

IV/IO ACCESS: as appropriate

ATROPINE: 0.05mg/kg IV/IO repeat every 5 minutes as necessary

MIDAZOLAM: 0.1 mg/kg IV/IO/IM/IN push; MAX dose 1 mg for seizure control; may repeat once after 10 minutes if seizures continue.

CONSIDERATIONS:

If available utilize Pralidoxime (2-Pam) from Mark 1 Kit; refer to kit for pediatric dosing.

Refer to length based assessment tape for drug doses and proper equipment sizes.



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