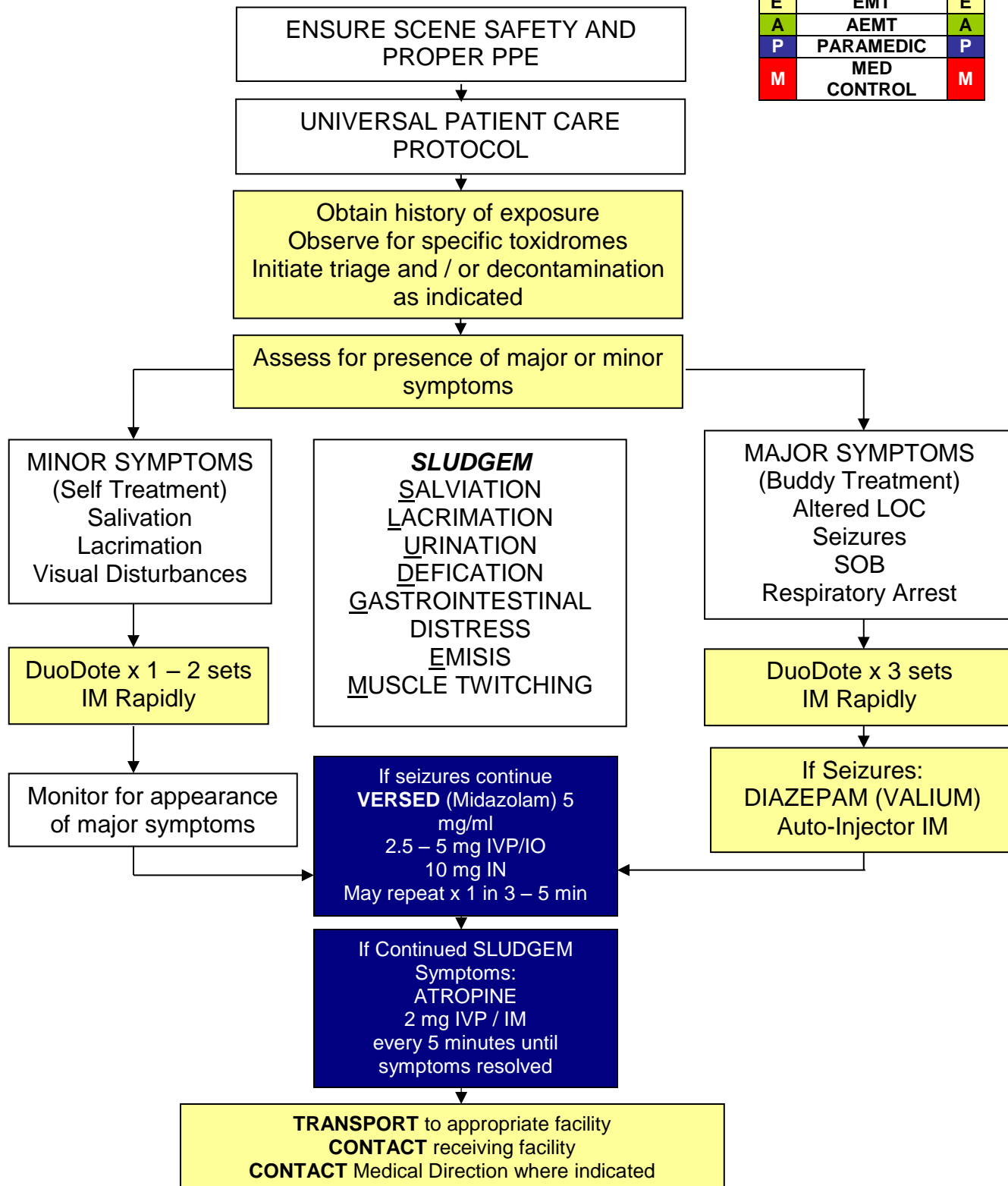




Section 15: Appendix 3: Special Operations

SECTION 15: APPENDIX 3: NERVE AGENT EXPOSURE KIT

| | | |
|---|-------------|---|
| E | EMT | E |
| A | AEMT | A |
| P | PARAMEDIC | P |
| M | MED CONTROL | M |





Section 15: Appendix 3: Special Operations

SECTION 15: APPENDIX 3: NERVE AGENT EXPOSURE KIT-Cont.

| INDICATIONS | SIGNS AND SYMPTOMS | CONTRAINDICATIONS |
|---|--|--|
| <ul style="list-style-type: none"> Nerve agent exposure (e.g., VX, Sarin, Soman, etc.) For use of Fire, EMS, and Police personnel only | <ul style="list-style-type: none"> Visual disturbances Headache Nausea / vomiting Salivation Lacrimation Respiratory distress Diaphoresis Seizure activity Respiratory arrest | <ul style="list-style-type: none"> Vesicant exposure (e.g., Mustard Gas, etc.) Respiratory irritant exposure (e.g., hydrogen sulfide, ammonia, chlorine, etc.) |

KEY POINTS

- If Triage / MCI issues exhaust supply of Mark 1 kits or DuoDotes, use Atropine. Give 2 mg IM dose for patients greater than 90 pounds (>40kg).
- Follow local HAZMAT protocols for decontamination and use of personal protective equipment.
- For patients with major symptoms, there is no limit for atropine dosing.
- Carefully evaluate patients to ensure they not from exposure to another agent. (e.g., narcotics, vesicants, etc.)
- Each DuoDote auto injector contains both 600 mg of pralidoxime (2-PAM) and 2.1 mg of atropine
- Each valium auto injector contains 10 mg of valium
- If the presence of a nerve agent is suspected by presentation of symptoms of large numbers of patients, personnel should immediately contact dispatch to notify other responding units and command staff.
- The patient and / or crew must be decontaminated prior to transport. DO NOT transport a contaminated patient to a treatment facility.
- SLUDGEM: Salivation, Lacrimation, Urination, Gastrointestinal upset, Emesis, Muscle twitching.
- When the nerve agent has been ingested, exposure may continue for some time due to slow absorption from the lower bowel, and fatal relapses have been reported after initial improvement.
- If dermal exposure has occurred, decontamination is critical and should be done with standard decontamination procedures. Patient monitoring should be directed to the same signs and symptoms as with all nerve or organophosphate exposures.
- Continued medical monitoring and transport is mandatory.