WMD – Nerve Agent Protocol

Signs and Symptoms

- **S**alivation
- **L**acrimation
- **U**rination
- **D**efectation
- **G**astrointestinal distress
- **E**mesis
- **M**iosis
- Visual disturbances
- Headache
- Diaphoresis
- Respiratory distress/arrest
- Seizure activity

History

- Exposure to chemical, biological, radiological, or nuclear hazard
- Potential exposure to unknown substance/hazard

Differentials

- Nerve agent exposure (e.g., VX, Sarin, Soman, etc.)
- Organophosphate exposure (pesticide)
- Vesicant exposure (e.g., Mustard gas, etc.)
- Respiratory irritant exposure (e.g., Hydrogen Sulfate, Ammonia, Chlorine, etc.)

Care

B E I P

Ensure scene safety and proper PPE

Follow General Directive #3, Orders for all Patients.

Obtain history of exposure & observe for specific toxidromes.

Initiate triage and/or decontamination as indicated.

Initiate advanced airway management as needed.

Mild Exposure

(Any 2 listed signs and symptoms)

B E I P

Administer one (1) **DuoDote** autoinjector IM in mid-outer thigh.

If symptoms worsen or do not improve in 10 minutes, administer two (2) **DuoDote** autoinjectors simultaneously in each mid-outer thigh.

E I P

Initiate IV Access with Normal Saline at KVO rate or titrated to SBP of 90-100 mmHg.

Severe Exposure

(Altered LOC, severe respiratory distress, convulsions, more than 2 listed signs & symptoms)

B E I P

Administer three (3) **DuoDote** autoinjectors in rapid succession IM. Utilize both mid-outer thighs.

E I P

Initiate IV Access with Normal Saline at KVO rate or titrated to SBP of 90-100 mmHg.

If seizures continue, treat per protocol Non-Cardiac Emergencies #11 Seizures.

I P

Establish ECG monitoring, when possible.

Pearls

- Follow HAZMAT protocols for decontamination and use of PPE. For any patient requiring decontamination, decontamination shall be complete prior to transporting.
- For patients with severe symptoms not reacting to **DuoDote** administration, I/P providers may continue to administer 2 mg **Atropine** IV/IM every 3 minutes. There is no limit for **Atropine** dosing.
- Each **DuoDote** kit contains 600 mg of **Pralidoxime** (2-PAM) and 2.1 mg of **Atropine**.
- The administration of **DuoDotes** in this protocol is generally intended for self-administration and buddy administration.
- No more than three (3) **DuoDotes** should be administered to any one (1) patient.
- Air transport for contaminated patients is not routinely considered safe. Personnel on multiple patient events should expect to ground transport all patients.
- For events with multiple patients, have ECC notify local hospitals to expect self-transports and initiate lockdown procedures.
- Notify RHCC of any HazMat involving more than 3 persons decontaminated in the field or any Chemical/Biological/ Radiological event.
- For a multiple patient event, consider requesting a CHEMPAK to the scene.
- Carefully evaluate patients to ensure they are not experiencing exposure to another agent (e.g.– narcotics, vesicants, etc.).

Performance indicators

- Prompt recognition of possible exposure and rapid response to care for self and/or crew members.