Nerve Agent/Organophosphate Pesticide Exposure Treatment

Purpose: This Protocol is intended for EMS personnel at all levels to assess and treat patients exposed to nerve agents and organophosphate pesticides. The protocol includes the use of the Mark I/Duo Dote Antidote Kits and the Atropen auto injector for personnel trained in the use of these devices and authorized by the local medical control authority.

Chemical Agents
1. Agents of Concern
   A. Military Nerve Agents including: Sarin (GB), Soman (GD), Tabun (GA), VX
   B. Organophosphate Pesticides (OPP) including Glutathione, Malathion, Parathion, etc.

2. Detection: The presence of these agents can be detected through a variety of monitoring devices available to most hazardous materials response teams and other public safety agencies.

Patient Assessment
1. **SLUGEM** Syndrome
   A. S Salivation / Sweating / Seizures
   B. L Lacrimation (Tearing)
   C. U Urination
   D. D Defecation / Diarrhea
   E. G Gastric Emptying (Vomiting) / GI Upset (Cramps)
   F. E Emesis
   G. M Muscle Twitching or Spasm

2. Threshold Symptoms: These are symptoms that may allow rescuers to recognize that they may have been exposed to one of these agents and include:
   A. Dim vision
   B. Increased tearing / drooling
   C. Runny nose
   D. Nausea/vomiting
   E. Abdominal cramps
   F. Shortness of breath

**NOTE:** Many of the above may also be associated with heat related illness.

3. Mild Symptoms and Signs:
   A. Threshold Symptoms *plus:*
   B. Constricted Pupils*
   C. Muscle Twitching
   D. Increased Tearing, Drooling, Runny Nose
   E. Diaphoresis

4. Moderate Symptoms and Signs
   A. Any or all above *plus:*
   B. Constricted Pupils
   C. Urinary Incontinence
D. Respiratory Distress with Wheezing  
E. Severe Vomiting  

5. Severe Signs  
A. Any or All of Above plus  
B. Constricted Pupils*  
C. Unconsciousness  
D. Seizures  
E. Severe Respiratory Distress  

*NOTE: Pupil constriction is a relatively unique finding occurs early and persists after antidote treatment. The presence of constricted pupils with SLUDGEM findings indicates nerve agent / OPP toxicity.

Personal Protection  
1. Be Alert for secondary device in potential terrorist incident  
2. Personal Protective Equipment (PPE)  
   A. Don appropriate PPE as directed by Incident Commander.  
   B. Minimum PPE for Non-Hot Zone (i.e., DECON Zone)  
      a. Powered Air Purifying Respirator or Air Purifying Respiratory with proper filter  
      b. Chemical resistant suit with boots  
      c. Double chemical resistant gloves (butyl or nitrile)  
      d. Duct tape glove suit interface and other vulnerable areas  
3. Assure EMS personnel are operating outside of Hot Zone  
4. Avoid contact with vomit if ingestion suspected – off gassing possible  
5. Assure patients are adequately decontaminated prior to transport  
   A. Removal of outer clothing provides significant decontamination  
   B. Clothing should be removed before transport  
   C. DO NOT transport clothing with patient  
6. Alert hospital(s) as early as possible

Patient Management (After Evacuation and Decontamination)  
1. Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.  
2. NOTE: Anticipate need for extensive suctioning  
3. Antidote administration per Mark I Kit/Duo Dote auto injector Dosing Directive – See Chart  
4. Establish vascular access  
5. Atropine 2-6 mg IV/IM per Mark I Kit Dosing Directive if Mark I Kit is not available (each Mark I Kit/Duo Dote auto injector contains 2 mg of atropine)  
6. Treat seizures  
   A. Adult
a. Administer **Diazepam** 2-10 mg IV/IM OR **Midazolam** 0.05 mg/kg to max 5 IV/IM
b. Administer **Midazolam** 0.1 mg/kg to max 10 mg IM
c. If available, **Valium** auto-injector

B. **Pediatrics**
   a. **Midazolam** 0.15 mg/kg IV/IM (maximum individual dose 5 mg)
   b. If available, **Valium** auto-injector

7. Monitor EKG

8. Additional **Atropine** 2 mg IV/IM for continued secretions (0.05 mg/kg for pediatrics)
<table>
<thead>
<tr>
<th>Clinical Findings</th>
<th>Signs/Symptoms</th>
<th>Required Conditions</th>
<th>NA Kits To Be Delivered</th>
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<tbody>
<tr>
<td><strong>SELF-RESCUE</strong></td>
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<tr>
<td>Threshold Symptoms</td>
<td>Dim vision</td>
<td>Threshold Symptoms</td>
<td>1 NA Kit (self-rescue)</td>
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<td></td>
<td>Increased tearing</td>
<td>- and - Positive evidence of nerve agent or OPP on site</td>
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<td>Runny nose</td>
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<td>Nausea/vomiting</td>
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<td>Abdominal cramps</td>
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<td>Shortness of breath</td>
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<tr>
<td><strong>ADULT PATIENT</strong></td>
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<tr>
<td>Mild Symptoms and Signs</td>
<td>Increased tearing</td>
<td>Medical Control Order</td>
<td>1 NA Kit</td>
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<tr>
<td></td>
<td>Increased salivation</td>
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<tr>
<td></td>
<td>Dim Vision</td>
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<td>Diarrhea</td>
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<tr>
<td>Moderate Symptoms and Signs</td>
<td>Constricted pupils</td>
<td>Constricted Pupils</td>
<td>2 NA Kits</td>
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<td></td>
<td>Difficulty breathing</td>
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<td>Severe vomiting</td>
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<tr>
<td>Severe Signs</td>
<td>Constricted pupils</td>
<td>Constricted Pupils</td>
<td>3 NA Kits (If 3 NA Kits are used, administer 1st dose of available benzodiazepine)</td>
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<td></td>
<td>Unconsciousness</td>
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<td>Seizures</td>
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<td>Severe difficulty breathing</td>
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<tr>
<td><strong>PEDIATRIC</strong></td>
<td>Pediatric Patient with Non-Severe Signs/Symptoms</td>
<td>Mild or moderate symptoms as above</td>
<td>Positive evidence of nerve agent or OPP on site</td>
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MCA Name: Detroit East MCA
MCA Board Approval Date: 02/02/2018
MCA Implementation Date: 05/01/2020
Protocol Source/References:
**NOTE:** Nerve-agent Antidote (NA) = 1 Duo Dote or 1 Mark I