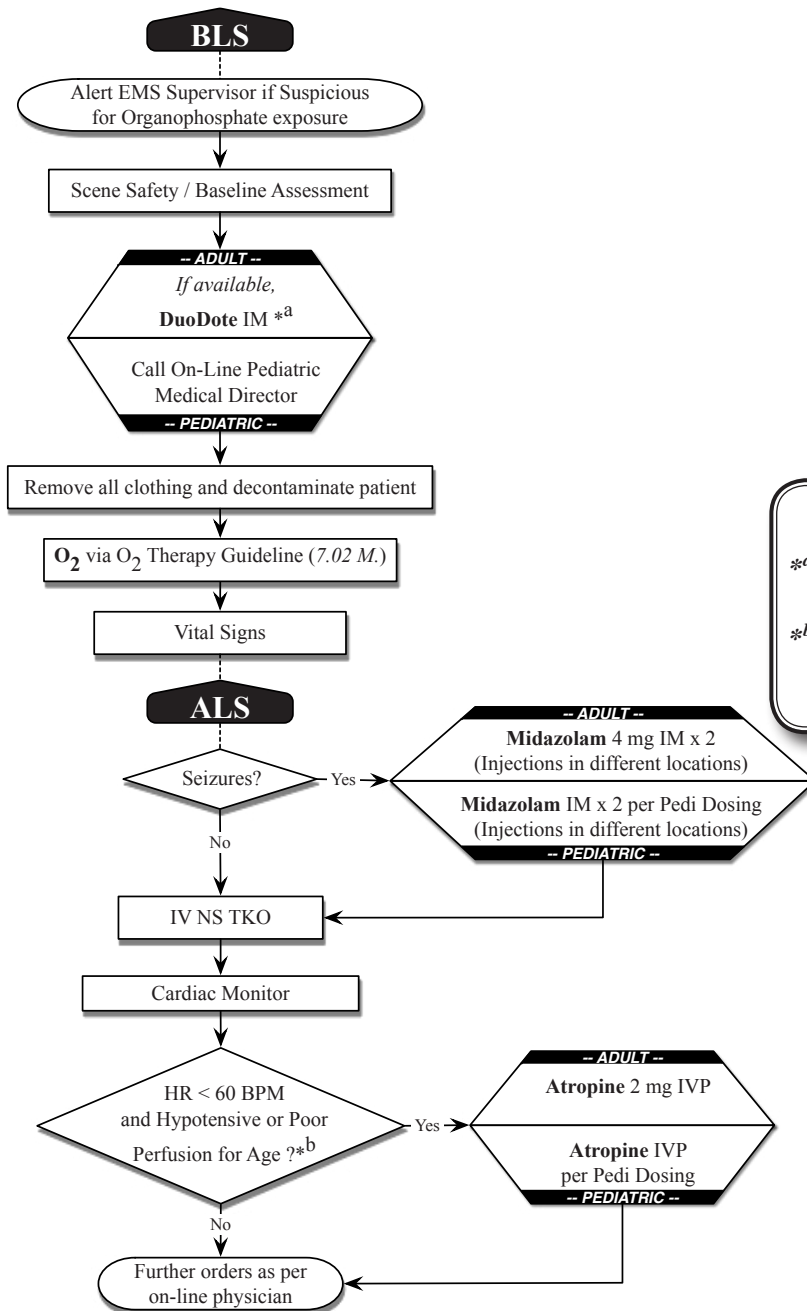


8.03 BB. Organophosphate Exposure



*^a Refer To 8.03 BB. 2. Guidelines for dosing.

*^b Hypotension : See Table 8-2 and Table 8-3.

A. Scene safety: Before taking any action to treat the patient, ensure that the scene is safe and evaluate for more than one patient. This standing order is used to treat organophosphate exposures.

B. Baseline assessment considerations:

Presentation of organophosphate ingestion will have the "SLUDGEM" signs/symptoms.

S = Salivation

L = Lacrimation (eye tearing)

U = Urination

D = Diarrhea

G = Gastrointestinal distress

E = Emesis

M = Miosis (constricted pupils)

C. Do not contaminate yourself while treating the patient. Utilize appropriate precautions. Consider activating the Haz-Mat Team.

8.03 BB.

DuoDote Antidote Auto-Injector



1. Equipment

- DuoDote Auto-injector antidote contains:
 - a. Atropine (2.1 mg)
 - b. Pralidoxime Chloride (2-PAM) (600 mg)

2. Guidelines

- The DuoDote antidote is for rapid use before an IV line is established. The DuoDote antidotes are for use on any patient who has been exposed to a chemical agent and is showing signs or symptoms of exposure.
- DuoDote antidotes are carried on each District Chief and EMS Supervisor vehicle. DuoDote antidotes are distributed on the order of an HFD Medical Director or EMS Supervisor.
- The first step to take when someone displays symptoms of nerve agent exposure is to remove that person from the hazardous environment. Then, begin treatment. For mild symptoms in exposed patients, administer one auto-injector kit. **Unconscious patients or patients showing more severe signs of nerve agent exposure should receive three antidotes. Patients who are seizing should receive Midazolam 4 mg IM x 2 (two IM injections in different locations).**

3. Procedure

- Injection Site Selection
 - a. Injection site is normally in the outer thigh muscle. It is important that the injections be given into a large muscle area.
 - b. If the individual is thinly built, then administer the injections into the upper outer quadrant of the buttocks.
 - c. DuoDote Auto-injector can be administered through clothing, including bunker gear. Make sure pockets at the injections site are empty.
- Arming the Auto-injector
 - a. Tear open the plastic pouch at any of the notches. Remove the DuoDote auto-injector from the pouch.
 - b. Place the DuoDote auto-injector in your dominant hand. Firmly grasp the center of the DuoDote auto-injector with the green tip (needle end) pointing down.
 - c. With your other hand, pull off the gray safety release. The DuoDote auto-injector is now ready to be administered.
- Administering the antidote to yourself
 - a. Swing and firmly push the green tip straight down (a 90° angle) against the mid-outer thigh.

- b. Continue to push firmly until you feel the DuoDote auto-injector trigger.
- c. After the auto-injector triggers, hold the DuoDote auto-injector firmly in place against the injection site for approximately 10 seconds.
- d. Remove the DuoDote auto-injector from the thigh and look at the green tip. If the needle is visible, the drug has been administered. If the needle is not visible check to be sure the gray safety release has been removed, and then repeat the above steps, pushing harder against the thigh.
- e. After the drug has been administered, push the needle against a hard surface to bend the needle back against the DuoDote auto-injector.
- f. Put the used DuoDote auto-injector back into the plastic pouch, if available. Leave the used DuoDote auto-injector(s) with the patient to allow other medical personnel to see the number of DuoDote auto-injector(s) administered.
- g. Immediately move yourself and the patient away from the contaminated area and seek definitive medical care for the patient.