

TREATMENT OF PATIENTS EXPOSED TO NERVE AGENTS GB, VX, AND ORGANOPHOSPHOROUS PESTICIDES

1. The **Hazardous Materials Response** policy should be applied to all responses involving these agents.
2. The following treatment should be considered only when the patient manifests typical symptoms of exposure to these agents and the scene is suggestive of exposure.
3. Mass Casualty Incident – Early recognition that field patient treatment needs will exceed immediately available supplies should prompt an immediate call to the CCC to initiate the release of Chempacks.
4. Symptoms:

Table 10.1 DUMBELS MTWThF

D	Defecation	M	Muscle weakness and paralysis
U	Urination	T	Tachycardia
M	Miosis	W	Weakness
B	Bronchorrhea	Th	Hypertension
E	Excitation	F	Fasciculations
L	Lacrimation		
S	Salivation or seizures		

TREATMENT: The medication you will be administering is packaged in a MARK 1 Kit.

1. Mild to moderate symptoms:
 - I. Establish a patent airway and adequate ventilation.
 - II. Administer 1 MARK 1 dose of **atropine** followed by 1 dose of **pralidoxime chloride** (2-PAM).*
 - III. Supplement by administering **O₂**.
 - IV. If symptoms persist after 5-10 minutes, repeat injections.

- V. If symptoms persist after an additional 10 minutes, repeat injections a third time.
2. Severe symptoms (respiratory compromise, seizure, or coma):
 - I. Administer 3 auto injector kits, atropine and 2-PAM in rapid succession
 - II. If symptoms persist after third set of injections then DO NOT administer any more antidotes.
 - III. Administer 1-2 mg of **lorazepam (Ativan®)** slowly, IV/IM. May be repeated in 3-5 minutes, up to a total dose of 4 mg.[†]

[†]Warning: Morphine, theophylline, aminophylline, or succinylcholine should be used with caution for patients treated with 2-PAM.

[†]If patient's needs exceed immediately available supplies of lorazepam, diazepam, 10 mg IM may be given by autoinjector.