

WMD-Nerve Agent Protocol



History

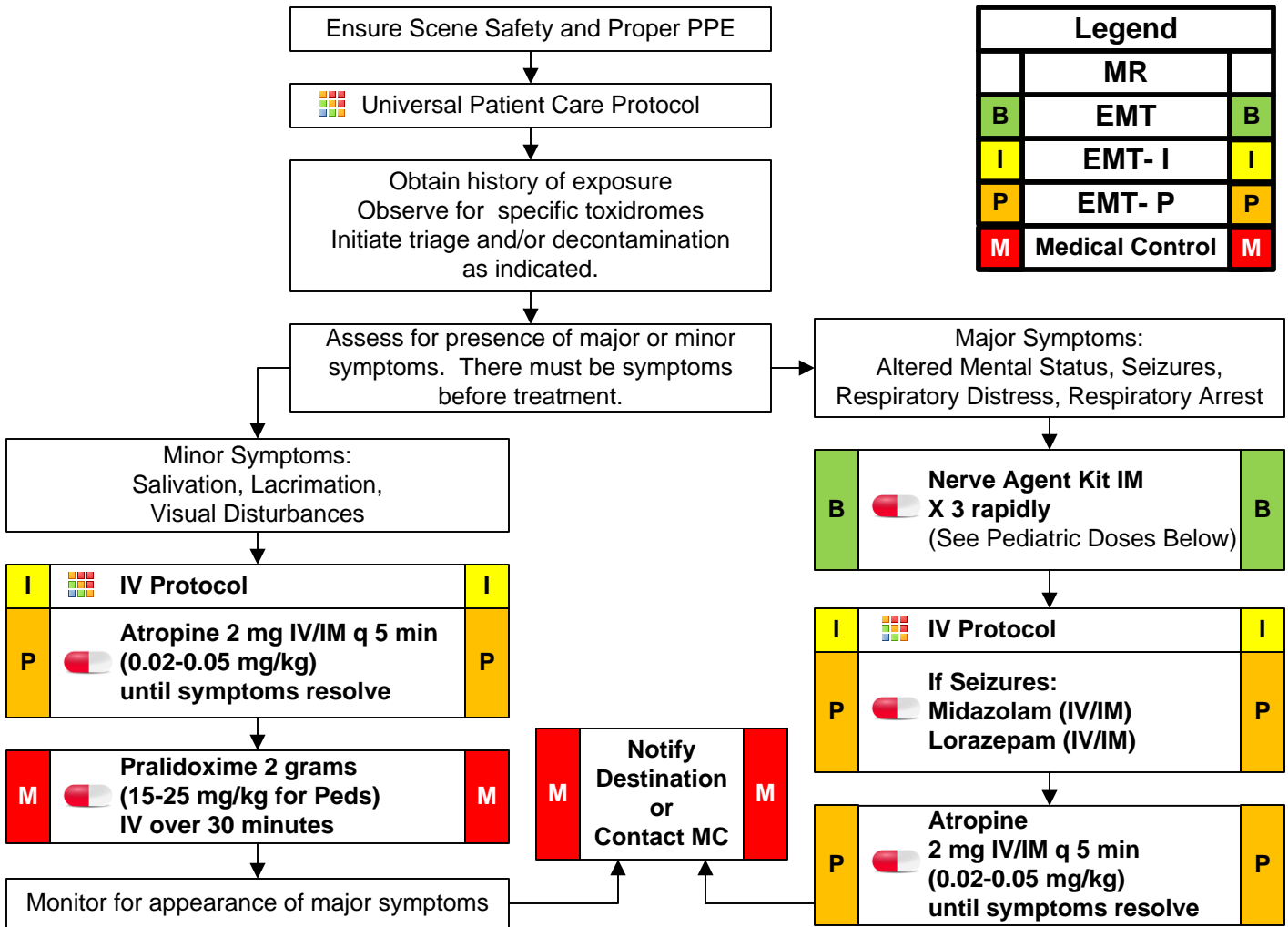
- Exposure to chemical, biologic, radiologic, or nuclear hazard
- Potential exposure to unknown substance/hazard

Signs and Symptoms

- Visual Disturbances
- Headache
- Nausea/Vomiting
- Salivation
- Lacrimation
- Respiratory Distress
- Diaphoresis
- Seizure Activity
- Respiratory Arrest

Differential

- 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 Sulfide, Ammonia, Chlorine, etc.)



Trauma Protocols

Pearls

- In the face of a bona fide attack, begin with 1 Nerve Agent Kit for patients less than 7 years of age, 2 Nerve Agent Kits from 8 to 14 years of age, and 3 Nerve Agent Kits for patients 15 years of age and over.
- If Triage/MCI issues exhaust supply of Nerve Agent Kits, use pediatric atropens (if available). Use the 0.5 mg dose if patient is less than 40 pounds (18 kg), 1 mg dose if patient weighs between 40 to 90 pounds (18 to 40 kg), and 2 mg dose for patients greater than 90 pounds (>40 kg).
- 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 Nerve Agent Kit contains 600 mg of Pralidoxime (2-PAM) and 2 mg of Atropine**
- The main symptom that the atropine addresses is excessive secretions so atropine should be given until salivation improves.