

# 2.12P

## Nerve Agents Organophosphate Poisoning – Pediatric

### EMT/ADVANCED EMT STANDING ORDERS

**E/A**

- Routine Patient Care.
  - Assess for SLUDGEM [Salivation, Lacrimation, Urination, Defecation, Gastric upset, Emesis, Muscle twitching/miosis (constricted pupils) and KILLER Bs (Bradycardia, Bronchorrhea, Bronchospasm)].
  - Remove to cold zone after decontamination and monitor for symptoms.
  - Antidotal therapy should be started as soon as symptoms appear.
  - All antidote auto-injections must be administered IM.
- Determine dosing according to the following symptom assessment and guidelines.
- If multiple patients consider activation of local CHEMPACK, per regional plan.

Tag Color	Signs & Symptoms of SLUDGEM	Autoinjector Dose and Monitoring Interval		Maintenance Dose
<b>RED</b> (Pediatric)	Yes	Age < 1 year	1 Peds Atropine Auto-Injector (0.5mg) * Monitor every 3 minutes	1 Atropine Auto-Injector (0.5mg) every 3 – 5 minutes, as needed.
	Yes	Age > 1 year	1 Adult DuoDote Monitor every 3 minutes	
<b>GREEN</b> (Pediatric)	No	None Monitor every 10 minutes for evidence of exposure.		

\*DuoDote may be used for pediatric patients < 1 year old in a life-threatening situation with exposure symptoms when no pediatric doses of atropine or pralidoxime chloride are available.

### PARAMEDIC STANDING ORDERS

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- In the unlikely event that field conditions permit, follow weight-based dosing and treatment guidelines:
    - Initiate cardiac monitoring.
    - Establish IV access.
    - Atropine 0.05 – 0.1 mg/kg IV or IM (minimum dose of 0.1 mg, maximum single dose 5 mg); repeat every 2 – 5 minutes as needed.
    - Pralidoxime:
      - Infuse 15 mg/kg in 50 - 250 mL of 0.9% NaCl, over 30 minutes (pump not required) may repeat within 1 hour if muscle weakness and fasciculations are not relieved. Additional doses may be needed every 3 – 8 hours, if signs of poisoning recur as needed,
    - Diazepam 0.3 mg/kg IV (0.5 mg/kg per rectum) (maximum dose 10 mg), repeat every 5 – 10 minutes as needed.
- Instead of diazepam, may use either:**
- Lorazepam 0.1 mg/kg IV/IM (maximum dose 4 mg), repeat every 5 – 10 minutes as needed, **OR**
  - \*Midazolam 0.2 mg/kg IM/IN/IV, repeat every 5 – 10 minutes as needed.

### PARAMEDIC MEDICAL CONTROL – MAY CONSIDER:



Pralidoxime maintenance infusion:

- Initial does of 20 – 40 mg/kg, to a maximum dose of 1gm, followed by continuous infusion at 10 – 20 mg/kg/hr.

\*For IN administration of midazolam use a 5 mg/mL concentration.