Nerve Agents Organophosphate Poisoning – Pediatric

**EMT/ADVANCED EMT STANDING ORDERS**
- 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.

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

*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**
- 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.*