

2.14P Nerve Agents Organophosphate Poisoning – Pediatric



EMR/EMT/ADVANCED EMT STANDING ORDERS

R/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.
 - 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
RED (Pediatric)	Apnea Convulsions Unconsciousness Flaccid paralysis Dyspnea Twitching Nausea, vomiting Sweating, anxiety Confusion Constricted pupils, Restlessness, weakness	Age < 1 year	1 Peds Atropine Auto-Injector (0.5mg) * Monitor every 3 minutes for changes in signs and symptoms	1 Atropine Auto-Injector (0.5mg) every 3 – 5 minutes, as needed.
		Age > 1 year	1 Atropine/pralidoxime auto-injector Monitor every 3 minutes for changes in signs and symptoms	
GREEN (Pediatric)	Asymptomatic None	None Monitor every 10 minutes for evidence of exposure.		

* Atropine/pralidoxime auto-injectors 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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- If field conditions permit, initiate cardiac monitoring and consider the administration of IV medications.
- If symptoms persist after the administration of 3 atropine/pralidoxime auto-injectors or if atropine/pralidoxime auto-injector are not available:
 - Atropine 0.05 – 0.1 mg/kg IV (preferred) or IM (minimum dose of 0.1 mg, maximum single dose 5 mg); repeat every 2 – 5 minutes as needed.
 - Pralidoxime:
 - Infuse 20 – 50 mg/kg (maximum 2 grams) in 50 - 250 mL of 0.9% NaCl, over 30 minutes (pump not required) may repeat in 1 hour if muscle weakness and fasciculations are not relieved. Additional doses may be needed every 10 – 12 hours, if signs and symptoms recur.
 - Diazepam 0.2 mg/kg IV (maximum single dose 10 mg), repeat every 5 minutes as needed.
 - **Instead of diazepam, may use either:**
 - Lorazepam 0.1 mg/kg IV (single maximum dose of 4 mg), repeat every 5 minutes as needed, **OR**
 - Midazolam 0.1 mg/kg IV, (single maximum dose 5 mg), repeat every 5 minutes as needed, **OR**
 - *Midazolam 0.2 mg IM/IN (single maximum dose 10 mg), repeat every 5 minutes as needed.

PARAMEDIC MEDICAL CONTROL – MAY CONSIDER:



- Pralidoxime maintenance infusion:
- Initial does of 20 – 50 mg/kg, to a maximum dose of 1 gram, followed by continuous infusion at 10 – 20 mg/kg/hr.



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