

WMD-Nerve Agent Protocol



History

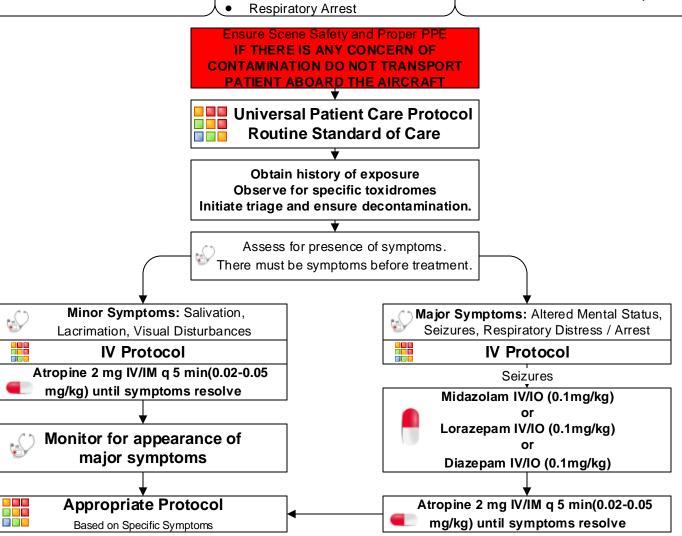
- Exposure to chemical, biologic, radiologic, or nuclear hazard
- Potential exposure to unknown substance/hazard
- SAMPLE

Signs and Symptoms

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

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.)



- If Triage/MCI issues exhaust the EMS supply of Nerve Agent Kits, use Atropine. Use a 0.5 mg dose if patient is less than 40 pounds (18 kg), a 1 mg dose if patient weighs between 40 to 90 pounds (18 to 40 kg), and a 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 suffering from exposure to another agent (e.g., narcotics, vesicants, etc.)
- The main symptom that the atropine addresses is excessive secretions so atropine should be given until salivation improves. Suction and intubate as needed for airway protection.