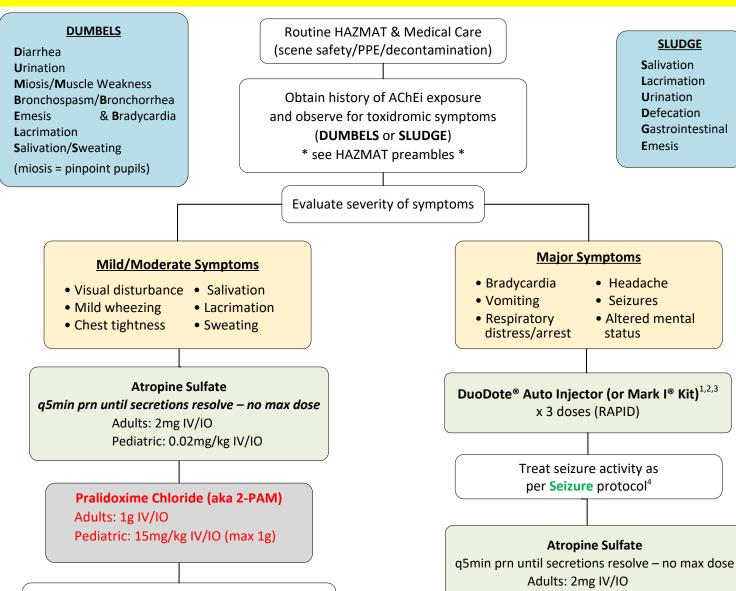
Nerve Agent | Organophosphate Poisoning



- Monitor for development of major symptoms
- Notify receiving hospital of possible AChEi exposure as early as possible

• Be prepared to assist patient ventilations

Pediatric: 0.02mg/kg IV/IO

- Initiate cardiac monitoring, if available
- Document treatment on triage tag if MCI
- ¹ Each **DuoDote® autoinjector** contains **Atropine** 2.1mg + **Pralidoxime Chloride** 600mg. The Mark I Kit contains an atropine and pralidoxime autoinjector linked together with a plastic clip the atropine should be administered first followed by the pralidoxime.
- ² Duodote autoinjectors should not be used for additional dosing of atropine beyond the recommended administered dose of pralidoxime.
- ³ In the event of a large scale MCI, begin with 1 **DuoDote** if pt < 7 y/o, 2 **DuoDotes** if pt is 8-14 y/o and 3 **DuoDotes** if pt \geq 15 y/o.
 - o If available for use, Pediatric AtroPens® can be used in place atropine vials:

Age 0-2 yo (<13kg): Mild/moderate symptoms: 0.05 mg/kg, Severe symptoms: 0.1mg/kg

Age 3-7 yo (13-25kg): Mild/moderate symptoms: 1mg, Severe symptoms: 2mg Age 8-14 yo (26-50kg): Mild/moderate symptoms: 2mg, Severe symptoms: 4mg

A pralidoxime 600mg autoinjector may be administered to an infant weighing greater than 12 kg.

⁴ In the event of a large scale MCI, utilize **Diazepam autoinjector** 10mg for seizure activity as needed.

