

Reference for Rapid Assessment and Treatment Of Chemical/Biological Agents



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Common Assessment for ALL Suspected Agents: "ASBESTOS"

- A - Agent(s):** Type and Toxicity
- S - State(s):** Solid? Liquid? Gas? Vapor? Aerosol?
- B - Body Site(s):** Where Exposed/route(s) of Entry?
- E - Effects:** Local? Systemic?
- S - Severity:** Mild? Moderate? Severe?
- T - Time Course:** Onset? Getting Better/worse? Prognosis?
- O - Other Diagnoses?** Instead of? [Differential Diagnosis(s)] In Addition to?
- S - Synergism:** Combined Effects of Multiple Exposures or Insults?

Signs and Symptoms of Nerve Agent Exposure: "SLUDGE"

- S - Salivation**
- L - Lacrimation**
- U - Urination** (*incontinence*)
- D - Defecation** (*incontinence*)
- G - Gastrointestinal Upset**
- E - Emesis**

Treatment of Nerve Agent Exposure: "RAPTER"

- R - Remove Agent** - DECONTAMINATE (little benefit after 30 minutes)
- A - Assess Exposure** (ASBESTOS - SLUDGE)
- P - Pre-Treat Staff** - Valium 5 mg PO Q 8 Hours
Pyridostigmine Bromide* 30 mg PO Q 8 Hours
- T - Treat Patient** - Atropine
(2-6 mg start, may take several thousand mgs)
Pralidoxime Chloride
(2-Pam Chloride - 1 Gm > 20-30" Repeat in 1 Hour)
Valium
(diazepam - 5-10 mg IVP)
- E - Evaluate Treatment(s)**
- R - Re-treat/Re-assess**

Treatment for Anthrax Exposure:

Prophylaxis:

Ciprofloxacin (Cipro®) 500 mg PO BID for 4 weeks

Or

Doxycycline 100 mg PO BID for 4 weeks

Post-Exposure Treatment:

Begin Treatment AS SOON AS EXPOSURE IS SUSPECTED
Treatment is ineffective if initiated AFTER symptoms present.

Penicillin 50 mg/kg IV over 1 hour followed by 200 mg/kg/day IV infusion AND
Streptomycin 30 mg/kg IM QD

Alternative medications include ciprofloxacin, doxycycline or tetracycline

Treatment for Smallpox Exposure:

Pre-Exposure Treatment:

None, vaccination not presently available

Post-Exposure Treatment:

Vaccination and vaccinia immune globulin within 3-5 days post-exposure

Cidofovir (Vistide®) 5 mg/kg IV Q week for 2 weeks is protective in animals and MAY
be protective in humans.

NOTE: cidofovir MUST be administered with probenecid (2 grams PO 3 hours prior to
infusion) with EACH infusion to prevent nephrotoxicity