<table>
<thead>
<tr>
<th>BLS Patient Management</th>
<th>ALS Patient Management</th>
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<tbody>
<tr>
<td>• If you are exposed to hazardous materials follow your agency’s procedure or, if none, begin self-decontamination and self-treatment. Don an escape hood when appropriate and if equipped. Escape to a safe location: 300 feet or more upwind, uphill, and upstream. Identify yourself as a patient.</td>
<td>• Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients. Consider the need for additional sites as clinically indicated.</td>
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<td>• When you encounter possible hazardous materials, follow your agency’s procedure or, if none, then stage in a safe location: 300 feet or more upwind, uphill, and upstream. Maintain exit routes and deny entry. Ensure Hazardous Materials Response Team (HMRT) response. Mount a wind streamer to your vehicle’s antenna and monitor wind direction. Do not enter until the Incident Commander has deemed it reasonably ‘safe to enter.’</td>
<td>• Interpret and continuously monitor ECG, SpO2 and waveform / digital capnography.</td>
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| • When decontaminating the patient(s), follow your agency’s procedure or, if none and you are trained/equipped, remove, and bag the patient’s clothing, jewelry, etc. Brush off dry chemicals and dilute excess liquid chemicals. Wash patient with mild soap and rinse off with large amounts of clean water. Flush contaminated eyes with saline for 15 minutes or until pain and irritation subside. Cover with warm dry clothing and/or blankets. Consult container label or any onsite MSDS for decontamination instructions. Remove label or copy page from MSDS, preserve in sealed plastic bag, and transport with the patient. | • For symptomatic nerve agent, organophosphate, or carbamate exposure. **INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS VIA IV OR IO REQUIRE A BASE HOSPITAL ORDER (BHO).**
• Adults: Atropine 1 mg (2.5 mL of MDV) IM x2. **MAY REPEAT PRN.**
• Pediatrics: Atropine 0.05 mg / kg IM x2. **MAX SINGLE DOSE IS 1 MG. MAY REPEAT PRN.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app. |
| • Antidote: Consult container label or onsite MSDS for antidote instructions. Read and relate decontamination and antidote instructions to the BASE HOSPITAL. **Do not spread contamination! Never transport a contaminated patient, container, or materials!** | • For seizures associated with nerve agent, organophosphate, or carbamate exposure. **INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS VIA IV OR IO IN REQUIRE A BASE HOSPITAL ORDER (BHO).**
• Adults: Midazolam 5 mg (1 mL) IM. **MAY REPEAT TWICE AT 15 MINUTE INTERVALS. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**
• Pediatrics: Midazolam 0.2 mg / kg IM. **MAY REPEAT TWICE AT 15 MINUTE INTERVALS. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app. |
• Establish, maintain, and ensure:
  A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

• Do not induce vomiting

• Oxygen
  As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

• Attach ECG leads to the patient when a paramedic is present

• Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements

• For self-administration in symptomatic nerve agent, organophosphate, or carbamate exposure, if equipped
  Nerve Agent Antidote Kit (NAAK) DuoDote or Mark I IM auto-injection(s). MAY REPEAT TWICE.

• For symptomatic nerve agent, organophosphate, or carbamate exposure WHEN A CDC CHEMPACK HAS BEEN DEPLOYED
  Adults: Nerve Agent Antidote Kit (NAAK) DuoDote or Mark I IM auto-injection(s). MAY REPEAT TWICE.

  ADMINISTRATION OF A NAAK (DUODOTE AND MARK I) TO PEDIATRIC PATIENTS VIA AUTOINJECTOR IS NOT PERMITTED.

  Adults: AtroPen. MAY REPEAT PRN.

  Pediatrics:
  AtroPen 0.5 mg / 0.7 mL
  Weight = 14 kg (=31 lbs) or less: 0.5 mg IM.
  Weight = 15 kg (=33 lbs) or more: 0.5 mg IM x2. MAY REPEAT PRN.

• For symptomatic nerve agent, organophosphate, or carbamate exposure WHEN A CDC CHEMPACK HAS BEEN DEPLOYED
  Adults: Pralidoxime 600 mg (3 mL) IM. MAY REPEAT TWICE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).

  Pediatrics: Pralidoxime 20 mg / kg IM. MAY REPEAT TWICE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO). For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

**OR**

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS VIA IVPB REQUIRE A BASE HOSPITAL ORDER (BHO).

  Adults: Pralidoxime 600 mg (20 mL pre-mixed infusion) IVPB.

  Pediatrics: Pralidoxime 20 mg / kg (20 mL pre-mixed infusion) IVPB.

• For seizures associated with nerve agent, organophosphate, or carbamate exposure WHEN A CDC CHEMPACK HAS BEEN DEPLOYED
  Diazepam 10 mg (1 auto-injector) IM. MAY REPEAT TWICE AT 15 MINUTE INTERVALS. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).

  ADMINISTRATION OF DIAZEPAM VIA AUTOINJECTOR TO PEDIATRIC PATIENTS IS NOT PERMITTED.

**OR**

  Adults: Diazepam 5 mg (1 mL) IM. MAY REPEAT TWICE AT 15 MINUTE INTERVALS. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).

  Pediatrics: Diazepam 0.1 mg / kg IM. MAY REPEAT TWICE AT 15 MINUTE INTERVALS. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
<table>
<thead>
<tr>
<th>AtroPen 1 mg (1 mg / 0.7 mL)</th>
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<tr>
<td>Weight = 14 kg (=31 lbs) or less: <strong>PEDIATRIC ADMINISTRATION IS NOT PERMITTED.</strong></td>
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<tr>
<td>Weight = 15 kg (=33 lbs) or more: 1 mg IM. <strong>MAY REPEAT PRN.</strong></td>
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**ADMINISTRATION OF 2 MG / 0.7 mL ATROPEN TO PEDIATRIC PATIENTS IS NOT PERMITTED.**