

Organophosphate Poisoning



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

EMR	<ol style="list-style-type: none"> 1. Consider possible scene & patient contamination and follow agency safety procedures. 2. If SAFE to do so, remove from any exposure environment. 3. Oxygen: Titrate SpO2 to 94-99% Be prepared to support the patient’s respirations with BVM and/or BIAD if necessary. 4. Monitor airway closely for signs and/or symptoms, salivation and emesis. Be prepared with suction. 5. Check and record vital signs every 5 minutes, if serious, 15 minutes if minor to moderate, until the transporting unit arrives. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG, if indicated by chief complaint, and transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms. 3. Transport as soon as possible 4. Initiate ALS intercept for further medications, if indicated. 5. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary. 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate 2 large bore IVs of NS at a rate to maintain a systolic BP > than 90 mmHg. 3. Atropine 2mg IV every 3-5 minutes to maintain a pulse of at least 70 and BP of 90 mmHg systolic. If unable to initiate IV, give Atropine 2mg IM every 5 minutes. 4. Contact receiving hospital as soon as possible or Medical Control if necessary. If this is a mass casualty incident, notify Medical Control as soon as possible (while still on scene) so resources can be mobilized. 	I
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