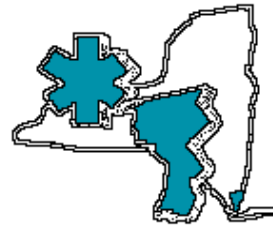




# APPENDIX A



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## SPECIAL PROCEDURE PROTOCOLS

**NOTE:** THE PROTOCOLS CONTAINED IN “**APPENDIX A**” ARE ONLY FOR THOSE PARAMEDICS WHO HAVE BEEN CREDENTIALLED BY THE WESTCHESTER REGIONAL MEDICAL ADVISORY COMMITTEE TO PERFORM THEM.



## **SPECIAL PROCEDURE PROTOCOL 1**

## **RAPID SEQUENCE INTUBATION**

### **C R E D E N T I A L E D P A R A M E D I C S O N L Y**

**INDICATIONS:** Any patient who requires emergency airway control who may be difficult to intubate by conventional methods **AND** with the presence of qualified personnel to assist the EMT-P.

**CONTRAINDICATIONS:** Operator concern that both intubation and mask ventilation may not be successful due to major laryngeal trauma, upper airway obstruction, and/or distorted facial or airway anatomy.

**CAUTION** Patients who present with the following should be discussed with Medical Control for substitution of VECURONIUM for SUCCINYLCHOLINE:

- Penetrating eye injuries
- Hyperkalemia or renal failure
- Neuromuscular disorders (paraplegia, muscular dystrophy, etc.)
- Pseudocholinesterase deficiency
- Four (4) days or more since crush injury or burn

## **ADMINISTRATION**

### PREPARATION

1. Assemble all equipment and medications.

### PRE-OXYGENATION (T - 5 minutes) (a)

2. Pulse oximetry is applied.

### PRE-MEDICATION (T - 3 minutes) (a)

3. LIDOCAINE 1.0 mg/kg slow IVP if head injury or suspected elevated ICP.
4. ATROPINE 0.5 mg IVP if pulse is less than 60 BPM.

### PRE-MEDICATION II (T - 1 minute) (a)

5. ETOMIDATE 0.3 mg/kg IVP.
6. Apply Sellick maneuver.

***SPECIAL PROCEDURE PROTOCOL 1 CONTINUED ON NEXT PAGE***



## **SPECIAL PROCEDURE PROTOCOL 1: RSI (CONTINUED)**

### **PARALYTIC (T - 0 minutes) (a)**

7. SUCCINYLCHOLINE 1.5 mg/kg IVP.
8. Once jaw laxity is demonstrated:
  - a) Intubate, BVM with 100% OXYGEN.
  - b) May use ATROPINE as per bradycardia protocol if pulse is less than 60 BPM.
  - c) May repeat SUCCINYLCHOLINE 1.5 mg/kg IVP if paralysis is not adequate.
9. IF UNABLE TO INTUBATE:
  - a) BLS airway or other Advanced Airway methods
  - b) If tube placement is confirmed and the patient shows signs of increasing consciousness, administer MIDAZOLAM in 2.0 mg slow IVP increments to sedation then VECURONIUM 0.1 mg/kg IVP.
10. Transport.

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### **MEDICAL CONTROL OPTIONS**

- VECURONIUM 0.1 - 0.3 mg/kg IVP.
- MIDAZOLAM 2 mg slow IVP.
- DIAZEPAM 5 - 10 mg slow IVP.

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### **FOOTNOTES**

- a. "T" indicates time prior to intubation attempt measured in minutes.



## SPECIAL PROCEDURE PROTOCOL 2

## MARK I KIT ADMINISTRATION

### C R E D E N T I A L E D P A R A M E D I C S O N L Y

**INDICATIONS:** Commercially available Mark I kits (AtroPen® Auto-Injector & Pralidoxime Chloride Injector) may be possessed/used by a paramedic only under the following conditions:

1. The paramedic is working in the capacity of a paramedic for an EMT-P agency that has received WREMAC authorization to carry Mark I kits.
2. The paramedic has received the minimum required training
3. There has been a **KNOWN** exposure to the release of a nerve agent confirmed by a local competent authority (i.e. HAZMAT Team, WC DOH, NYS DOH, on-line Medical Control, regional poison control center, WMD trained Paramedic)
4. When specific signs and symptoms of exposure are present (i.e. SLUDGEM). Mark I kits **ARE NOT** to be used as a prophylactic.

Patients exposed to other toxic parasympatholytic agents may be treated in compliance with the Westchester Regional Paramedic Treatment Protocol 25. ALS agencies may carry additional doses of Atropine during periods of heightened Federal threat levels.

**NOTE** IF EXPOSED TO A NERVE AGENT, A PARAMEDIC MUST LEAVE THE SCENE AND SEEK MEDICAL ATTENTION AS SOON AS POSSIBLE. **THERE IS TO BE NO SELF-ADMINISTRATION OF THE ANTIDOTE.** ALL USE OF MARK I KITS WILL BE IN COMPLIANCE WITH THE FOLLOWING INSTRUCTIONS.

#### **PATIENT DECONTAMINATION:**

Patient triage will be initiated in the “Hot Zone and continued in the “Warm Zone” by HAZMAT or other similarly trained responders wearing appropriate Personal Protective Equipment (PPE), as determined by the Incident Commander. Patient treatment should be conducted by EMS in the “Cold Zone”, but “Mark I kits” may be administered simultaneous with and/or prior to decontamination by properly trained and PPE equipped personnel in the “Warm Zone” if severe exposure symptoms are present. Children should be decontaminated and have expedited transport off scene especially if they are demonstrating any signs and symptoms of exposure.

**NOTE** PERSONNEL OPERATING IN THE “COLD ZONE” SHOULD BE AWARE OF THE POTENTIAL FOR “OFF- GASSING” OF VAPORS FROM CHEMICALLY CONTAMINATED CLOTHING. EMERGENCY RESPONDERS ASSISTING EVACUATED VICTIMS OF NERVE AGENT EXPOSURE SHOULD AVOID EXPOSING THEMSELVES TO CROSS-CONTAMINATION BY ENSURING THAT THEY DO NOT COME INTO DIRECT CONTACT WITH THE PATIENT’S CLOTHING.



1. Initiate routine medical care
2. If basic life support airway management cannot maintain adequate ventilation and oxygen saturation, airway control with advanced airway management, 100% OXYGEN with BVM.
3. If the patient has had a **KNOWN** exposure to the release of a nerve agent, depending on the level of exposure symptoms, administer:

EXPOSURE	SYMPTOMS	DOSE
<b>SEVERE</b>	“SLUDGEM” (a) severe respiratory distress, seizures, altered mental status, unconsciousness	<ul style="list-style-type: none"> <li>• <b>ATROPINE</b> 6mg IM in three (3) stacked doses; repeat 2mg IM q 3-5 min PRN.</li> <li>• <b>PRALIDOXIME CHLORIDE</b> 1.8 gm IM in three (3) stacked doses.</li> </ul>
<b>MODERATE</b>	“SLUDGEM” (a), respiratory distress, agitation	<ul style="list-style-type: none"> <li>• <b>ATROPINE</b> 4mg IM in two (2) stacked doses; repeat 2mg IM q 5-10 min PRN.</li> <li>• <b>PRALIDOXIME CHLORIDE</b> 1.2 gm IM in two (2) stacked doses.</li> </ul>
<b>MILD</b>	“SLUDGEM” (a), agitation	<ul style="list-style-type: none"> <li>• <b>ATROPINE</b> 2mg IM in one (1) dose; repeat 2mg IM q 5-15 min PRN.</li> <li>• <b>PRALIDOXIME CHLORIDE</b> 600 mg IM in one (1) dose.</li> </ul>

**NOTE** ALWAYS ADMINISTER ATROPINE **BEFORE** PRALIDOXIME CHLORIDE (2-PAM CL).

4. If an exposure is suspected, but the patient is asymptomatic, **DO NOT** administer the contents of a Mark I kit, but monitor the patient for any changes.
5. Refer to *Westchester Regional Paramedic Protocol # 27: Status Epilepticus* for the treatment of patients presenting with uncontrolled seizures.
6. Monitor the patient for adverse reactions/deterioration and transport the patient to the local emergency room for definitive care.

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**FOOTNOTES**

- a. Acronym for parasympathetic nervous system response to an organophosphate or nerve agent exposure: **s**alivation, **l**acrimation, **u**rination, **d**efecation, **g**astro-intestinal aggravation, **e**mesis, **m**uscular twitching. Response symptoms are proportional to the degree of exposure.



**SPECIAL PROCEDURE PROTOCOL 2  
(Continued)**

**MARK I KIT –  
PEDIATRIC ADMINISTRATION**

1. Initiate routine medical care
2. If basic life support airway management cannot maintain adequate ventilation and oxygen saturation, airway control with advanced airway management, 100% OXYGEN with BVM.
3. If the patient has had a **KNOWN** exposure to the release of a nerve agent, and is exhibiting **SEVERE / MODERATE** exposure symptoms (e.g. “SLUDGEM” (a), severe respiratory distress, seizures, altered mental status, unconsciousness), administer:

AGE / WT	DOSE	KITS
8 – 14 YRS (25 – 50 KG)	<ul style="list-style-type: none"> <li>• ATROPINE 4mg IM</li> <li>• PRALIDOXIME CHLORIDE 1.2 gm IM</li> </ul>	<ul style="list-style-type: none"> <li>• Two (2) Mark I Kits</li> </ul>
2 – 7 YRS (12 – 24 KG)	<ul style="list-style-type: none"> <li>• ATROPINE 2mg IM,</li> <li>• PRALIDOXIME CHLORIDE 600 mg IM</li> </ul>	<ul style="list-style-type: none"> <li>• One (1) Mark I Kit</li> </ul>
< 2 YRS (< 12 KG)	<ul style="list-style-type: none"> <li>• ATROPINE 2mg IM</li> <li>• PRALIDOXIME CHLORIDE 600 mg IM</li> </ul>	<ul style="list-style-type: none"> <li>• One (1) Mark I Kit</li> </ul>

**NOTE** ALWAYS ADMINISTER ATROPINE **BEFORE** PRALIDOXIME CHLORIDE (2-PAM CL).

4. If the patient is presenting with **MILD** exposure symptoms (e.g. “SLUDGEM” (a), agitation), contact MEDICAL CONTROL.
5. If an exposure is suspected, but the patient is asymptomatic, **DO NOT** administer the contents of a Mark I kit, but monitor the patient for any changes.
6. Refer to *Westchester Regional Paramedic Pediatric Protocol # 27a: Status Epilepticus* for the treatment of pediatric patients presenting with uncontrolled seizures.
7. Monitor the patient for adverse reactions/deterioration and transport the patient to the local emergency room for definitive care.

**MEDICAL CONTROL OPTIONS**

- ATROPINE
  - 8 – 14 YRS (25 – 50) KG)      2mg IM, ONE (1) autoinjector.
  - 2 – 7 YRS (12 – 24 KG)      1mg IM OR 0.02 mg/kg IV
  - < 2 YRS (< 12 KG)      0.05mg/kg IM OR 0.02 mg/kg IV.

**SPECIAL PROCEDURE PROTOCOL 2 CONTINUED ON NEXT PAGE**



**SPECIAL PROCEDURE PROTOCOL 2: MARK I / PEDIATRICS (CONTINUED)**

- PRALIDOXIME CHLORIDE
  - 8 – 14 YRS (25 – 50) KG                    1.2 gm IM, ONE (1) autoinjector.
  - 2 – 7 YRS (12 – 24 KG)                    15 mg/kg IM or slow IV
  - < 2 YRS (< 12 KG)                    15 mg/kg IM or slow IV.
  
- ATROPINE repeat dosing
  - >2 YRS (> 12 KG)                    2mg IM, q 5 – 10 min PRN
  - < 2 YRS (< 12 KG)                    1mg IM, q 5 – 10 min PRN

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**FOOTNOTES**

a. Acronym for parasympathetic nervous system response to an organophosphate or nerve agent exposure: **s**alivation, **l**acrimation, **u**rination, **d**efecation, **g**astro-intestinal aggravation, **e**mesis, **m**uscular twitching. Response symptoms are proportional to the degree of exposure.

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