

PRALIDOXIME (2-PAM Chloride)

ACTIONS: Nerve agent antidote

- Restores cholinesterase activity
- Administer as soon as possible after symptomatic nerve agent exposure

INDICATIONS

- Potential or confirmed nerve agent exposure with SLUDGE symptoms and signs -- SLUDGE” (Salivation, Lacrimation, Urination, Diaphoresis/Diarrhea, Gastric hypermotility, Emesis/Eye (small pupils, blurry vision).

CONTRAINDICATIONS

- No signs of life
- No SLUDGE Symptoms
- Non-resuscitation group due to other concomitant injury

ADULT & PEDIATRIC DOSE:

Patient (Weight)	Atropine Dose IM or via Auto-injector	Pralidoxime Chloride Dose IM or via 600 mg Auto-injector
Infant: 0–2 years of age	0.05 mg/kg IM or via auto-injector (i.e., 0.25 mg and/or 0.5 mg auto-injector)	15 mg/kg IM
Child: 3–7 years of age (13–25 kg)	1 mg IM or via auto-injector (i.e., one 1 mg auto-injector or two 0.5 mg auto-injectors)	15 mg/kg IM OR One auto-injector (600 mg)
Child: 8–14 years of age (26–50 kg)	2 mg IM or via auto-injector (i.e., one 2 mg auto-injector or two 1 mg auto-injectors)	15 mg/kg IM OR One auto-injector (600 mg)
Adolescent/ Adult	2–4 mg IM or via auto-injector	600 mg IM OR One auto-injector (600 mg)
Pregnant Women	2–4 mg IM or via auto-injector	600 mg IM OR One auto-injector (600 mg)
Geriatric/Frail	2 mg IM or via auto-injector	10 mg/kg IM OR One auto-injector (600 mg)
Adapted from: U.S. Department of Health and Human Services, ASPR, National Library of Medicine, Chemical Hazards Emergency Medical Management: Nerve Agents — Prehospital Management, https://www.cdc.gov/TSP/MMG/MMGDetails.aspx?mmgid=523&toxid=93		

NOTES:

- Large amounts of Atropine/2-PAM may be needed to adequately treat symptoms of nerve agent poisoning.
- Titrate dose to effect.
- Medication effects start within 1-5min following administration.
- Most effective if given early before irreversible binding of nerve agent with acetylcholinesterase (“aging”) occurs, but may be administered up to 48 hours post exposure in symptomatic patients.
- Bronchospasm and respiratory secretions are the best acute symptoms to monitor response to Atropine/2-PAM therapy:
 - Decreased bronchospasm and respiratory secretions = Getting Better.
- It is important that the injectors be given in a large muscle area. (Figure 1)

