

# Pediatric Hazmat Exposure/Skin Exposure

For any hazardous material (chemical) exposure. May use with another primary impression (e.g., Inhalation Injury or Burns) when applicable

**History**

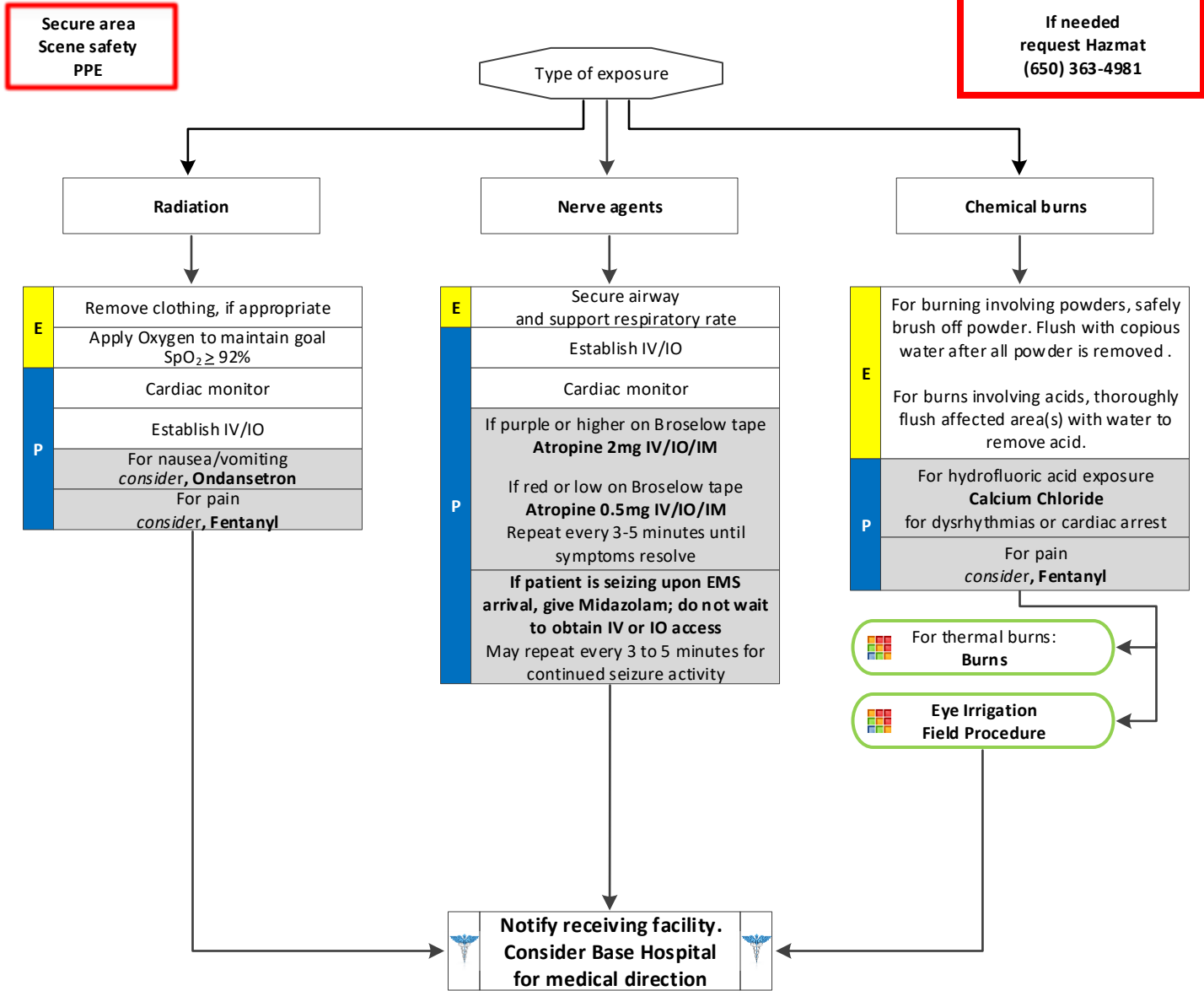
- Type and time of injury
- Duration of exposure
- Exposure to chemical, biological, radiologic, or nuclear hazard
- Potential exposure to unknown substance or hazard
- Farmer or farm worker/harvester with exposure to pesticide
- Radiation exposure

**Signs and Symptoms**

- S.L.U.D.G.E.M.
- Altered mental status
- Pupils
- Seizure activity
- Respiratory distress/arrest
- Cardiac arrhythmias/dysrhythmias
- Abnormal skin signs

**Differential**

- Nerve agent exposure (e.g., VX, Sarin, Soman, etc.)
- Organophosphate exposure (e.g., pesticide)
- Vesicant exposure (e.g., Mustard gas, etc.)
- Respiratory irritant exposure (e.g., hydrogen sulfide, ammonia, chlorine, etc.)



Pediatric Toxic Exposure Treatment Protocols

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Radiation is energy transmitted in waves or particles that are colorless, odorless, invisible. We are exposed to small doses everyday, which have little effect on the body. In very large doses, however, the affect on the body can be deadly. EMS providers should patients and themselves away from the source as quickly as possible to minimize exposure an time of exposure. Supportive care is the mainstay of therapy. For patients who are exposed to radiation, it is crucial that their clothes are moved and they are decontaminated prior to EMS contact, treatment, and transport. All belongings should be left on scene.

External radiation exposure may result from a radiologic dispersant device, radiologic material release, or radiological explosive device. Limit time with suspected source. Once patients are decontaminated, patients pose minimal to no risk to EMS providers.

Internal radiation may result from exposure through an open wound, injection, or inhalation of radioactive materials. These types of exposures are common in both patient diagnostic and treatment care. Internal radiation poses minimal to no risk to EMS providers.

## Pearls

- For gaseous exposures, refer to appropriate respiratory protocols.
- Follow HAZMAT protocols for decontamination. Do not come into contact with or transport any contaminated patient.
- **Salivation**; **Lacrimation**; **Urination** (increased or loss of control); **Defecation** or diarrhea; **GI upset** (abdominal pain/cramping); **Emesis**; **Muscle twitching**.
- Nerve agent kits are not approved for children.
- For patients with acute symptoms, there is no limit for Atropine dosing.
- Insecticides: Increased or decreased heart rate, increased secretions, nausea, vomiting, diarrhea, and pinpoint pupils. Consider restraints if necessary for patient's or personnel's protection per Restraint Procedure.
- Carefully evaluate patients to ensure they have not been exposed to another type of agent (e.g., narcotics, vesicants, etc.)
- The main symptom that Atropine addresses is excessive secretions, Atropine should be given until respiratory symptoms improves.

