

**SKILLS: MARK-I AUTO-INJECTOR**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Cert #** \_\_\_\_\_

- A. INDICATIONS: Nerve Agent Exposure, includes exposures to organophosphate compounds that produce the SLUDGE signs and symptoms.
- B. RELATIVE CONTRAINDICATIONS: Nerve Agent exposure without symptoms. Treatment is **NOT TO BE GIVEN PROPHYLACTICALLY**.
- C. POTENTIAL COMPLICATIONS: Overdose of Atropine, accidental injection, localized trauma at injection site from injection.
- D. PRECAUTIONS AND SPECIAL CONSIDERATIONS:
  - 1. Auto-injectors may be used on EMS personnel if they become exposed and have signs and symptoms of nerve agent exposure.
  - 2. It is important that the auto-injectors are given into a large muscle area. If the pt. is thinly built, and has insufficient muscle mass in the outer thigh area, then the injections should be administered into the upper outer quadrant of the buttocks to avoid injury to the femur.
  - 3. Accidental injections into the hand WILL NOT deliver an effective dose of the antidote, especially if the needle goes through the hand.
  - 4. Squat, DO NOT kneel, when administering nerve agent antidotes to patients. Kneeling may force the chemical agent into or through your protective clothing.
  - 5. Dispose of discharged auto-injector in similar fashion as all used sharps.

EQUIPMENT: MARK I kit

| Performance Criteria |  | Met Initials | <u>Not Met</u> Initials | Comments |
|----------------------|--|--------------|-------------------------|----------|
| 1.                   | States indications and contraindications.                  |              |                         |          |
| 2.                   | States potential complications.                            |              |                         |          |
| 3.                   | States policy for entering the Warm and Hot zones.         |              |                         |          |
| 4.                   | States appropriate victim decontamination procedures.      |              |                         |          |
| 5.                   | Places protective respiratory device on before proceeding. |              |                         |          |

Effective: January 1, 2009

Page 1 of 2

Revised:  
Supersedes:

Approved: Signature on File  
Medical Director

Signature on File  
EMS Administrator

| <b>Performance Criteria, cont.</b> |   | <b>Met<br/>Initials</b> | <b><u>Not<br/>Met</u><br/>Initials</b> | <b>Comments</b> |
|------------------------------------|---|-------------------------|--|-----------------|
| 6.                                 | States appropriate sites for administration of MARK I kit.  |                         |  |                 |
| 7.                                 | Removes antidote kit.   |                         |  |                 |
| 8.                                 | Removes Atropine auto-injector (smallest one) first according to policy.  |                         |  |                 |
| 9.                                 | Does not touch the colored end of the injector after removing the safety cap.   |                         |  |                 |
| 10.                                | Administers Atropine by pressing firmly on correct site and holds for at least 10 seconds. Disposes injector into sharps container. |                         |  |                 |
| 11.                                | Removes 2-Pam CL auto-injector (larger one) according to policy.  |                         |  |                 |
| 12.                                | Does not touch the colored end of the injector after removing the safety cap.   |                         |  |                 |
| 13.                                | Administers 2-Pam CL by pressing firmly on correct site and holds for at least 10 seconds. Disposes injector into sharps container. |                         |  |                 |
| 14.                                | Explains that auto-injectors are disposed of like all other sharps.   |                         |  |                 |
| 15.                                | States necessity of putting on any remaining protective clothing.   |                         |  |                 |

| <b>VALIDATOR'S SIGNATURE</b> | <b>ALS PROVIDER'S SIGNATURE</b> | <b>DATE</b> |
|------------------------------|---------------------------------|-------------|
|                              |                                 |             |

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Page 2 of 2

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