



## EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



 **EMS SECTION**

Approved 9/8/21, Effective 1/17/22, replaces all prior versions

### 16LL – PRALIDOXIME CHLORIDE (2PAM)

#### PARAMEDIC

**Class:** Cholinesterase Reactivator

**Actions/Pharmacodynamics:** Pralidoxime chloride reactivates cholinesterase (mainly outside the central nervous system) which has been inactivated by an organophosphate pesticide. The destruction of accumulated acetylcholine can then proceed and neuromuscular junctions will regain function. Pralidoxime chloride has its most critical effect in reversing paralysis of the muscles of respiration. Because Pralidoxime Chloride is less effective in relieving depression of the respiratory center, atropine is always required concomitantly to block the effect of accumulated acetylcholine at the site. Pralidoxime Chloride is short acting and repeated doses may be needed, especially when there is evidence of continuing toxicity.

**Indications:** Poisonings – General Management (8A)

**Contraindications:** None

**Pharmacokinetics:** With IM autoinjector use, effects may not be observed for up to 15 minutes. Beneficial effects can persist in excess of 1 hour.

**Side Effects:** Headache, dizziness, vision changes, loss of coordination, laryngospasm, tachycardia, palpitations.

**Dosage:** **Poisonings – General Management - Adult & Pediatric > 12 years of age (8A)**  
600 mg IM  
May repeat every 15 minutes to cumulative maximum dose of 1800 mg.  
In the setting of serious symptoms (cardiopulmonary distress), repeat doses in rapid succession.

**Poisonings – General Management - Pediatric ≤ 12 years of age (8A)**

**\*\*OLMC Order Only**

Typical pediatric dose is 15 mg/kg IM per dose, max single dose 600 mg

**How Supplied:** 600 mg/2 mL autoinjector  
(Always check concentration and dose per container at time of patient medication administration)