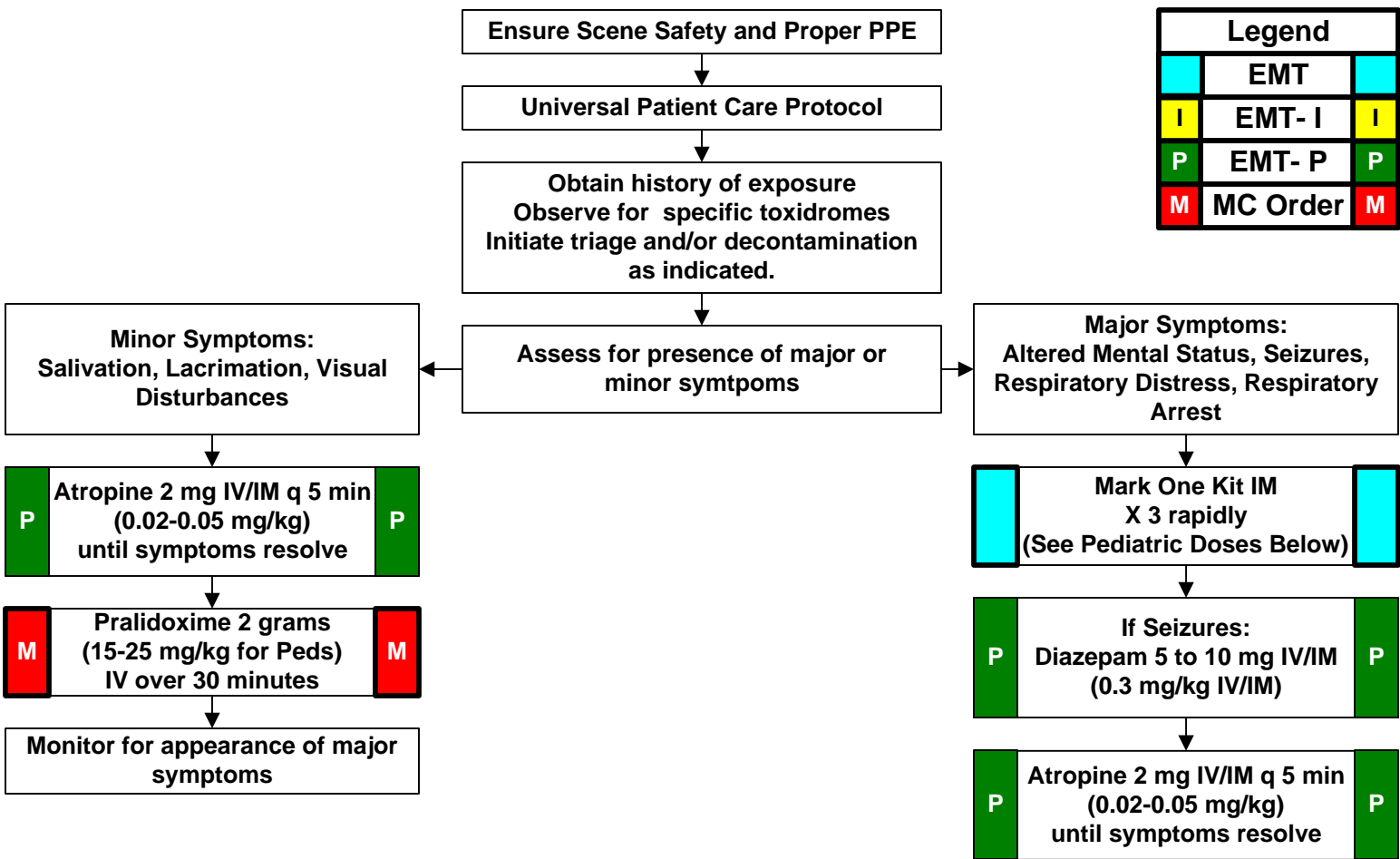


<b>History:</b> <ul style="list-style-type: none"> <li>Exposure to chemical, biologic, radiologic, or nuclear hazard</li> <li>Potential exposure to unknown substance/hazard</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>Visual Disturbances</li> <li>Headache</li> <li>Nausea/Vomiting</li> <li>Salivation</li> <li>Lacrimation</li> <li>Respiratory Distress</li> <li>Diaphoresis</li> <li>Seizure Activity</li> <li>Respiratory Arrest</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>Nerve agent exposure (e.g., VX, Sarin, Soman, etc.)</li> <li>Organophosphate exposure (pesticide)</li> <li>Vesicant exposure (e.g., Mustard Gas, etc.)</li> <li>Respiratory Irritant Exposure (e.g., Hydrogen Sulfide, Ammonia, Chlorine, etc.)</li> </ul>
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**Pearls:**

- In the face of a bona fide attack, begin with 1 Mark One kit for patients less than 7 years of age, 2 Mark One kits from 8 to 14 years of age, and 3 Mark One kits for patients 15 years of age and over.
- If Triage/MCI issues exhaust supply of Mark One kits, use pediatric atropens (if available). Use the 0.5 mg dose if patient is less than 40 pounds (18 kg), 1 mg dose if patient weighs between 40 to 90 pounds (18 to 40 kg), and 2 mg dose for patients greater than 90 pounds (>40 kg).
- Follow local HAZMAT protocols for decontamination and use of personal protective equipment
- For patients with major symptoms, there is no limit for atropine dosing.
- Carefully evaluate patients to ensure they not from exposure to another agent (e.g., narcotics, vesicants, etc.)
- Each Mark One kit contains 600 mg of Pralidoxime (2-PAM) and 2 mg of Atropine