

**ORANGE COUNTY EMS AGENCY
PARAMEDIC PHARMACOLOGY HANDBOOK**

MEDICATION: Pralidoxime (2-PAM Chloride)	ADULT DOSE	PEDIATRIC DOSE	SIDE EFFECTS	PRECAUTIONS/COMMENTS
<p>CLASSIFICATION: Cholinesterase reactivator</p> <p>MECHANISM OF ACTION:</p> <ul style="list-style-type: none"> Removes the organophosphate agent from cholinesterase and reactivates the cholinesterase. Re-establishes normal skeletal muscle contractions. <p>INDICATIONS:</p> <ul style="list-style-type: none"> Antidote for organophosphate pesticide (not carbamates). Antidote for nerve agent poisoning. <p>CONTRAINDICATIONS:</p> <ul style="list-style-type: none"> None. <p>CONTRAINDICATIONS (RELATIVE):</p> <ul style="list-style-type: none"> Hypertension. <p>DOSAGE FORM:</p> <ul style="list-style-type: none"> 600 mg auto-injector 1 Gm vial (powder for reconstitution) 	<ul style="list-style-type: none"> 600 mg IM (via auto-injector). If symptoms persist, may repeat every 10 minutes for maximum of three doses. If symptoms are severe, inject 3 auto-injectors (total 1800 mg) in rapid succession. For IV infusion, if available: adult total dose is 1-2 Gm IV over 30 minutes. May repeat once in one hour. Elderly patients (> 65 years): <ul style="list-style-type: none"> 7.5 mg/kg IM; limit initial IM dose to 1 auto-injector. Consult base physician if additional doses are needed. For IV infusion: 7.5 mg/kg, maximum of 1 Gm given IV over 30 minutes; may repeat once in one hour. 	<ul style="list-style-type: none"> 20 mg/kg IM or IV, maximum of 1 Gm given IV over 30 minutes; may repeat once in one hour. Auto-injectors are not to be used on children < 12 years/30 kg due to delivered dose of 600 mg per auto-injector. 	<ul style="list-style-type: none"> Pain at injection site. Hypertension. Blurry Vision. Diplopia. Tachycardia. Nausea. Increases atropine effects. 	<ul style="list-style-type: none"> Peak effect is in 5 – 15 minutes after IM injection; half life of the drug is 75 minutes. Atropine should be given first before giving pralidoxime. Midazolam (or other anticonvulsant agents) can be given cautiously if seizures are not controlled by atropine/pralidoxime treatment. <p align="center">0</p>

Ben Hym