

# **DUODOTE**

## **CLASSIFICATION**

Antidote for exposure to organophosphorus nerve agents as well as organophosphorus insecticides.

## **INDICATIONS**

1. Administer to patients experiencing symptoms of organophosphorus poisoning in a situation where exposure is known or suspected.
2. DuoDote should be administered as soon as symptoms of organophosphorus poisoning appear.

3. **Mild Symptom:**

Blurred vision, excessive teary eyes, excessive runny nose, increased salivation, chest tightness, difficulty breathing, tremors, nausea, vomiting, unexplained wheezing, increased airway secretions, tachycardia or bradycardia.

**Severe Symptoms:**

Strange/confused behavior, severe difficulty breathing, copious secretions from lungs/airway, severe muscular twitching, general weakness, involuntary urination/defecation, convulsions and unconsciousness.

## **CONTRAINDICATIONS**

1. In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of DuoDote.

## **USE WITH CAUTION**

1. When symptoms of poisoning are not severe, DuoDote should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma and COPD.

## **DOSAGE AND ADMINISTRATION**

1. If known or suspected poisoning, administer one DuoDote injection into the mid-lateral thigh, if the patient experiences two or more **MILD** symptoms of nerve gas or insecticide poisoning.

2. Wait 10 to 15 minutes for DuoDote to take effect. If, after 10 to 15 minutes, the patient does not develop any of the **SEVERE** symptoms listed above, no additional DuoDote injections are recommended.
3. If, at any time after the first dose, the patient develops any of the **SEVERE** symptoms listed above, administer two additional DuoDote injections in rapid succession and transport.
4. If the patient has any of the **SEVERE** symptoms listed above, immediately administer three DuoDote injections into the patient's mid-lateral thigh in rapid succession and transport.

### **ADVERSE EFFECTS TO OBSERVE FOR AND REPORT TO THE PHYSICIAN**

1. Atropine may cause blurred vision, dryness of mouth, confusion, headache, tachycardia, palpitations, nausea and vomiting.
2. Pralidoxime can cause blurred vision, dizziness, headache, drowsiness, nausea, increased in blood pressure, and hyperventilation.