

**CLASS: A**

**PROTOCOLS USED IN:** Organophosphate Poisoning

**PHARMACOLOGY AND ACTIONS:**

The principal action of Pralidoxime is to reactivate cholinesterase which has been inactivated by an organophosphate pesticide or related compound.

**INDICATIONS:**

As an antidote in the treatment of suspected poisoning due to organophosphate pesticides and chemicals.

**PRECAUTIONS:**

- A. Rapid IV injection may cause tachycardia, laryngospasm, muscle rigidity and transient neuromuscular blockade. Administration should be done slowly and preferably by infusion.
- B. Pralidoxime is a relatively short acting drug, repeat dosing may be necessary.

**SIDE EFFECTS AND NOTES:**

- A. Dizziness, blurred vision, diplopia, headache, drowsiness, nausea, tachycardia and muscle weakness have been reported following administration.
- B. Atropine is the mainstay of organophosphate poisoning treatment and is always required concurrently with 2-PAM to counteract the excessive cholinergic tone.

**ADULT DOSING:**

Refer to Haz-Mat Protocol – Organophosphate Poisoning for dosing.

**PEDIATRIC DOSING:**

Refer to Haz-Mat Protocol – Organophosphate Poisoning for dosing.