

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
BLS**

SMO: Anthrax -- Oropharyngeal **Revised Date:**

Overview: Causative organism is Bacillus anthracis, an encapsulated, aerobic, gram positive spore-forming rod-shaped bacterium. Humans become infected by exposure to spores from infected animals (e.g., sheep, goats or cattle), animal products, such as hides or hair, or intentional malicious acts of bioterrorism. The oropharyngeal form of anthrax is extremely rare. All suspected or confirmed cases of anthrax must be reported to the local department of public health and the Illinois Department of Public Health. The incubation period is usually 1 to 7 days after exposure to the spores; germination may be prolonged for up to two months.

INFORMATION NEEDED

- Any recent exposure to sick goats, sheep or cattle
- Any recent exposure to animal products, such as hides or hair
- Suspected exposure to an intentional malicious act of bioterrorism

OBJECTIVE FINDINGS

- **Fever and marked unilateral or bilateral neck swelling caused by regional disorder of the lymph nodes or vessels**
- **Severe difficulty swallowing. For the pediatric patient there may be oropharyngeal pain**
- **Ulcers at the base of the tongue which initially may be swollen or congested**
- **Ulcers may progress to tissue death**
- **There may be airway compromise from the increased swelling**

BLS

- Standard isolation from contact with any skin lesions and airborne microorganisms
- Appropriate masking of the EMS personnel and the patient are required
- Assess the patient for any other medical or trauma issues
- Vital signs
- Assess respiratory effort and airway patency
- Provide supplemental oxygenation with a nasal cannula at 2-6 LPM or non-rebreather mask at 10-15 LPM based upon patient's need
- Assist ventilations as needed
- Use of the CombiTube, oropharyngeal and nasopharyngeal airways may be required if the patient cannot maintain their own airway

Documentation of adherence to protocol:

- ___ History related to the incident
- ___ Assessment of respiratory effort, breath sounds, respiratory rate and skin color
- ___ Oxygen provided
- ___ Airway control measures taken
- ___ Measures taken to protect the patient, EMS personnel and personnel who will continue the care of the patient

Medical Control Contact Criteria

- ___ • Contact Medical Control if there is any suspicion of oropharyngeal anthrax exposure by the patient

PRECAUTIONS AND COMMENTS

- ___ • Although airway patency is extremely important in this type of patient, it must be remembered that swelling of the oropharyngeal area may already be present and trauma airway insertion may cause additional airway compromise.

**REGION I EMERGENCY MEDICAL SERVICES
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ALS**

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ALS

- Standard isolation from contact with any skin lesions and airborne microorganisms
- Appropriate masking of the EMS personnel and the patient are required
- Assess the patient for any other medical or trauma issues
- Vital signs
- Assess respiratory effort and airway patency
- Provide supplemental oxygenation with a nasal cannula at 2-6 LPM or non-rebreather mask at 10-15 LPM based upon patient's need
- Assist ventilations as needed
- Start an IV of N.S.
- Use of endotracheal intubation, CombiTube, oropharyngeal or nasopharyngeal airway devices may be required if the patient cannot maintain their own airway

Documentation of adherence to protocol:

- ___ History related to the incident
- ___ Assessment of respiratory effort, breath sounds, respiratory rate and skin color
- ___ Oxygen provided
- ___ Airway control measures taken
- ___ Measures taken to protect the patient, EMS personnel and personnel who will continue the care of the patient

Medical Control Contact Criteria

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| <ul style="list-style-type: none">___ • Contact Medical Control if there is any suspicion of inhalational anthrax exposure by the patient___ • Contact Medical Control if the airway cannot be maintained and prior to any cricothyroidotomy procedures |
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PRECAUTIONS AND COMMENTS

- ___ • Although airway patency is extremely important in this type of patient, it must be remembered that swelling of the oropharyngeal area may already be present and trauma airway insertion may cause additional airway compromise.