REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
BLS

SMO: T-2 Mycotoxin **Revised Date:**

Overview: Trichothecene mycotoxin (T-2) may be used to produce morbidity and mortality when dispersed in aerosol form. T-2 can enter the body through the skin and digestive tract epithelium, without being inhaled, and quickly inhibit protein and nucleic acid synthesis. This toxin may have been used in Laos and Cambodia during the Vietnam War (yellow rain), Afghanistan and during the Iran-Iraq war. Significant T-2 exposure should be considered when multiple patients present with similar clinical signs and symptoms and report exposure to "yellow rain" or if droplets of yellow fluid contaminate clothing or the environment.

INFORMATION NEEDED

__ Any indication of "yellow rain"
__ Any yellow droplets on the patient's skin or clothing
__ How many patients are there

OBJECTIVE FINDINGS

__ • **Acute Symptoms**
- → **Skin: Itching of the skin, redness, vesicles, skin tissue death and epidermal sloughing**
- → **CNS: Distortion of any of the senses, impaired ability to coordinate movement**
- → **GI: Nausea, vomiting and diarrhea**
- → **Airway: Nose and throat pain, nasal discharge, itching and sneezing**
- → **Pulmonary: Cough, dyspnea, wheezing, chest pain and coughing up of blood**
- → **Cardiovascular: Severe poisoning can cause weakness, decreased cardiac output, shock and death**
- → **Hematology: Bleeding disorders**

BLS

__ The patient's outer clothing should be removed and exposed skin should be decontaminated with soap and water
__ Eye exposure requires copious saline irrigation
__ Standard isolation techniques to be used by EMS personnel, including masks, gowns, gloves, eye protection, disposable boots
__ Assess the patient for signs of trauma
__ Provide supplemental oxygenation with a nasal cannula at 2-6 LPM or by non-rebreather mask at 10-15 LPM

Documentation of adherence to protocol:

__ Precautions taken to decontaminate the patient
__ Precautions taken to protect the EMS providers from contamination
__ Oxygen provided

Medical Control Contact Criteria

__ • Contact Medical Control as soon as possible

PRECAUTIONS AND COMMENTS

There is no antidotal therapy available for this toxin. The cornerstone of treatment is basic supportive care.

It is imperative that the EMS personnel work with all decontamination teams and be very familiar with their local, area and state guidelines for decontamination procedures.

It is also very probable that the EMS personnel will also have to be decontaminated as well as all EMS equipment in contact with the patient.

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ALS

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__ Eye exposure requires copious saline irrigation
__ Standard isolation techniques to be used by EMS personnel, including masks, gowns, gloves, eye protection, disposable boots
__ Assess the patient for signs of trauma
__ Provide supplemental oxygenation with a nasal cannula at 2-6 LPM or by non-rebreather mask at 10-15 LPM
__ IV of N.S.

Documentation of adherence to protocol:

__ Precautions taken to decontaminate the patient
__ Precautions taken to protect the EMS providers from contamination
__ Oxygen provided
__ IV initiated

Medical Control Contact Criteria
__ • Contact Medical Control as soon as possible

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