CODE READY

Organophosphate Poisoning

Common agricultural poisoning in Bangladesh. Protect staff first, decontaminate, then atropinise aggressively to a dry chest. Deaths are from bronchorrhoea and respiratory failure — atropine and airway care save lives.

1. PROTECT AND DECONTAMINATE

- [ ] **Staff wear gloves and aprons — skin contact poisons rescuers**
- [ ] **Remove all the patient's clothing; wash skin thoroughly with soap and water**
- [ ] **Do NOT induce vomiting; gastric lavage only within 1 h and with the airway protected**
- [ ] **Ventilate the room; seal contaminated clothes in a bag outside**

2. RECOGNISE

- [ ] **Cholinergic signs: salivation, lacrimation, urination, diarrhoea, vomiting**
- [ ] **Pinpoint pupils, bradycardia, sweating, bronchorrhoea (crackles both lungs)**
- [ ] **Muscle fasciculations and weakness — may progress to respiratory failure**
- [ ] **Confirm from the history or the container brought by family**

3. ATROPINISE

- [ ] **Atropine 1-3 mg IV bolus (child 0.02-0.05 mg/kg)**
- [ ] **Double the dose every 5 min until atropinised**
  Endpoints: chest clear of crackles, secretions drying, heart rate over 80, systolic over 80
- [ ] **Pupil size is NOT the endpoint — the chest is**
- [ ] **Then give 10-20% of the total loading dose per hour, titrated to keep the chest dry**
- [ ] **Large total doses (tens of milligrams) may be needed — do not under-dose**

4. SUPPORT AND REFER

- [ ] **High-flow oxygen; suction secretions; bag-valve-mask if breathing fails**
- [ ] **Diazepam 10 mg IV for seizures or severe agitation**
- [ ] **Avoid morphine, frusemide and aminophylline**
- [ ] **Refer deteriorating or ventilator-dependent patients with atropine continuing en route and a trained escort**
- [ ] **Observe at least 48 h — the intermediate syndrome causes delayed respiratory failure**