

## DUODOTE (Atropine and Pralidoxime auto-injector)

### Protocols: TE 9-WMD/Nerve Agent

- **Type of drug:** Anticholinergic as a result of WMD MCI; also reactivates cholinesterase.
- **Mechanism of Action:**
- **Indications:** Suspicion of WMD Biological Weapon or Nerve agent exposure  
Mnemonic for Nerve Agent Exposure - **DUMBELS**
  - Defecation (uncontrolled bowel movements)
  - Urination (uncontrolled urination)
  - Myosis (pinpoint pupils)
  - Breathing difficulty
  - Emesis (excessive vomiting)
  - Lacrimation (excessive tearing)
  - Salivation (excessive production of saliva)
- **Contraindications:** None in the presence of life-threatening exposures
- **Precautions:** When symptoms of poisoning are not severe, DuoDote™ Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product.
- **Route and Dosage:** Adult & Pediatric - Single auto-injector containing 2 mg Atropine and 600mg 2-Pam > 90 pounds
- **Adverse reactions and side effects:** Tachycardia, paradoxical bradycardia when pushed too slowly or when used at doses less than 0.5 mg, palpitations, dysrhythmias, headache, dizziness, anticholinergic effects (dry mouth, nose, skin, photophobia, blurred vision, urinary retention, constipation), nausea, vomiting, flushed, hot, dry skin, allergic reactions  
Atropine causes papillary dilation rendering the pupils nonreactive. Pupil response may not be useful in monitoring CNS status. Use with caution in myasthenia gravis, renal impairment, pregnancy, lactation or children.