

# Vesicants Guideline

## Inclusion

Suspected vesicant exposure

## Exclusion

None

## Pre-Decon

<b>BLS</b>	<p>Supportive Care</p> <ul style="list-style-type: none"> <li>BVM ventilation, if necessary</li> <li>Avoid supraglottic airways for upper airway, chemical burns.</li> </ul>
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## Decon

- Dry-Wet-Dry™ skin decon, ASAP for skin exposures.
- Do not break sulfur mustard chemical burn blisters.
- Break Lewisite chemical burn blisters.
- Eye decon, if the patient has eye symptoms.
- The specific decon required should be determined by the Incident Commander (IC) or their designee.
- Medical guidance for decon is as follows:

**General Decon Guideline**  
Use RSDL for wet decon, if available.

**Eye Decon Guideline**

## Post-Decon

<b>ALS</b>	<ul style="list-style-type: none"> <li>Vital signs, primary &amp; secondary surveys, insert IV/IO, provide supplemental O<sub>2</sub> if indicated, apply cardiac monitor</li> <li>If in severe respiratory distress or apneic, then support ventilation with BVM or airway management protocol.</li> <li>For bronchospasm, administer albuterol 2.5 mg &amp; ipratropium bromide by nebulizer, or give 2 puffs of albuterol by MDI. Repeat 2x for continued bronchospasm. Consider magnesium sulfate IV/IO for bronchospasm.</li> <li>If needed, contact medical direction or poison control center for assistance.</li> </ul>
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**Special Note:**

- Specific therapy exists but is not given immediately or in the prehospital setting.