

Nerve Agent Antidote Kits Request Form

The Alabama Department of Public Health (ADPH) began providing nerve agent antidote kits to emergency medical services personnel several years ago. As funding allows, ADPH will continue to provide the devices to emergency medical service agencies that meet the required criteria. Agencies requesting nerve agent antidote kits must develop a program and train their staff on the program and antidote kits including indications, dosage, storage etc. Training documentation and a request form must be submitted to ADPH.

The nerve agent antidote kits currently provided are the Duodote™ auto injectors which contain atropine 2.1 mg/0.7 mL and pralidoxime chloride 600 mg/2 mL.

- Duodote™ kits provided by ADPH are for responder self-use not patient use.
- Duodote™ kits distributed to Advanced Life Support (ALS) providers are assigned to the unit, not the individual.
- Duodote™ kits assigned to Basic Life Support (BLS) units are assigned to the individual (contact Alice Floyd at alice.floyd@adph.state.al.us for more information).
- In case there is a need to re-dose, three kits will be provided per position.
- Duodote™ kits are distributed to ALS providers via their affiliate hospital pharmacy.
- Duodote™ kits should be maintained at room temperature (77 degrees Fahrenheit). Brief departures between 59-86 degrees Fahrenheit are permissible.
- Expired kits should be disposed of according to your organization's established policies and procedures. They are not to be returned to ADPH.
- Agencies are responsible to ensure their employees are trained on the proper indications, use, procedures/protocols, etc.
- When an agency makes the initial request for the nerve agent antidote kits, a skills check off sheet/training document with the trainer and medical director's signature must be provided to ADPH.

Nerve Agent Antidote Kits Request Form

Please print this form, complete it and fax it to Alice Floyd at 334-206-3819 or scan and email it to alice.floyd@adph.state.al.us. If you have any questions, please call Alice Floyd at 334-206-3898.

Agency Name: _____

Type of agency: (check one) _____ ALS _____ BLS*

Mailing Address: _____

Point of contact: _____ Phone: _____

Medical Director: _____

Check one: This is _____ an initial request for kits or _____ a replacement request for kits.

If this is a replacement request, what is the expiration date of kits on hand: _____

Affiliate Hospital Pharmacy: _____

(This information is needed for kit delivery. Do not list mail a order pharmacy.)

Pharmacy Mailing Address: _____

Pharmacy phone: _____

Staffing (select one):

_____ Send the same number of nerve antidote kits previously provided, staffing has not changed.

_____ Staffing changes have influenced the number of kits the service requires. We have:

(Number of) _____ units staffed with _____ (number of) personnel.

My signature attests that the agency has a program and that personnel have been trained on the program and on the nerve agent antidote kits including use, storage, indications, etc.

Signature

Printed name and title

*BLS agencies need to contact Alice Floyd at 334-206-3898.