

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
BLS**

**SMO: Anthrax -- Inhalation**

**Revised Date:**

**Overview: Causative organism is Bacillus anthracis, an encapsulated, aerobic, gram positive spore-forming rod-shaped bacterium. Humans become infected by inhalation of spores from infected animals (e.g., sheep, goats or cattle), animal products, such as hides or hair, or intentional, malicious acts of bioterrorism. All suspected or confirmed cases of anthrax must be reported to the local department of public health and the Illinois Department of Public Health. The incubation period is usually 1 to 7 days after germination of the spores. Germination may be prolonged for up to two months.**

**INFORMATION NEEDED**

- Any recent exposure to sick goats, sheep or cattle
- Any recent exposure to animal products, such as hides or hair
- Suspected exposure to an intentional malicious act of bioterrorism

**OBJECTIVE FINDINGS**

- **First Phase**
  - **Non-specific viral-like symptoms such as low grade fever, nonproductive cough, malaise, fatigue, muscle pain, diaphoresis and chest discomfort. For the pediatric patient a poor feeding/suckling activity is noted.**
  - **The physical exam may reveal rhonchi, otherwise is unremarkable.**
  - **There may be a period of 1 to 3 days of apparent improvement after onset of initial symptoms.**
- **Second Phase**
  - **1 to 5 days after onset of initial symptoms, there will be an abrupt onset of high fever and respiratory distress displayed with dyspnea, stridor and cyanosis.**
  - **Shock and death within 24 to 36 hours after onset of second phase of illness.**

**BLS**

- Standard isolation from contact with any skin lesions and airborne microorganisms
- Appropriate masking of the EMS personnel and the patient are required
- Assess the patient for any other medical or trauma issues
- Vital signs
- Assess respiratory effort and airway patency
- Provide supplemental oxygenation with a nasal cannula at 2-6 LPM or non-rebreather mask at 10-15 LPM based upon the patient's needs
- Assist ventilations as needed

Documentation of adherence to protocol:

- \_\_\_ History related to the incident
- \_\_\_ Assessment of respiratory effort, breath sounds, respiratory rate and skin color
- \_\_\_ Measures taken to protect the patient, EMS personnel and personnel who will continue the care of the patient
- \_\_\_ Oxygen provided
- \_\_\_ Airway control measures

**Medical Control Contact Criteria**

- \_\_\_ • Contact Medical Control if there is any suspicion of inhalational anthrax exposure by the patient

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ALS**

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**ALS**

- Standard isolation from contact with any skin lesions and airborne microorganisms
- Appropriate masking of the EMS personnel and the patient are required
- Assess the patient for any other medical or trauma issues
- Vital signs
- Assess respiratory effort and airway patency
- Provide supplemental oxygenation with a nasal cannula at 2-6 LPM or non-rebreather mask at 10-15 LPM based upon the patient's needs
- Assist ventilations as needed
- IV of N.S.
- Intubation or CombiTube as required by the patient's ability to provide their own airway

Documentation of adherence to protocol:

- \_\_\_ History related to the incident
- \_\_\_ Assessment of respiratory effort, breath sounds, respiratory rate and skin color
- \_\_\_ Measures taken to secure an airway
- \_\_\_ Oxygen provided
- \_\_\_ Measures taken to protect the patient, EMS personnel and personnel who will continue the care of the patient

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