

## **Nerve Agents Patient Information Sheet**

This handout provides information and follow-up instructions for persons who have been exposed to nerve agents.

### **What are nerve agents?**

Nerve agents are chemical warfare agents, similar to but much more potent than organophosphate insecticides. They are colorless to amber-colored, tasteless liquids that may evaporate to create a gas. GB and VX are odorless, while GA has a slight fruity odor, and GD has a slight camphor odor.

### **What immediate health effects can result from exposure to nerve agents?**

Nerve agents are extremely toxic chemicals that attack the nervous system. As little as one drop to a few milliliters of nerve agent contacting the skin can cause death within 15 minutes. Nerve agent exposure can cause runny nose, sweating, blurred vision, headache, difficulty breathing, drooling, nausea, vomiting, muscle cramps and twitching, confusion, convulsions, paralysis, and coma. Symptoms occur immediately if you inhale nerve agent vapor but may be delayed for several hours if you get nerve agent liquid on your skin.

### **Can nerve agent poisoning be treated?**

There are antidotes for nerve agent poisoning but they must be administered quickly after exposure. Immediate decontamination is critical and hospitalization may be needed.

### **Are any future health effects likely to occur?**

Complete recovery may take several months. After a severe exposure with prolonged seizures, permanent damage to the central nervous system is possible.

### **What tests can be done if a person has been exposed to nerve agents?**

Activity of a blood enzyme called acetylcholinesterase can be measured to assess exposure and recovery.

### **Where can more information about nerve agents be found?**

More information about nerve agents can be obtained from your regional poison control center; the Agency for Toxic Substances and Disease Registry (ATSDR); your doctor; or a clinic in your area that specializes in toxicology or occupational and environmental health. Ask the person who gave you this form for help locating these telephone numbers.

### Follow-up Instructions

Keep this page and take it with you to your next appointment. Follow *only* the instructions checked below.

Call your doctor or the Emergency Department if you develop any unusual signs or symptoms within the next 24 hours, especially:  
dizziness, loss of coordination, loss of memory  
coughing, wheezing, or shortness of breath  
nausea, vomiting, cramps, or diarrhea  
muscle weakness or twitching  
blurred vision

No follow-up appointment is necessary unless you develop any of the symptoms listed above.

Call for an appointment with Dr. \_\_\_\_\_ in the practice of \_\_\_\_\_.  
When you call for your appointment, please say that you were treated in the Emergency Department at \_\_\_\_\_ Hospital by \_\_\_\_\_ and were advised to be seen again in \_\_\_\_\_ days.

Return to the Emergency Department/ \_\_\_\_\_ Clinic on (date) \_\_\_\_\_ at \_\_\_\_\_ AM/PM for a follow-up examination.

Do not perform vigorous physical activities for 1 to 2 days.

You may resume everyday activities including driving and operating machinery.

Do not return to work for \_\_\_\_\_ days.

You may return to work on a limited basis. See instructions below.

Avoid exposure to cigarette smoke for 72 hours; smoke may worsen the condition of your lungs.

Avoid drinking alcoholic beverages for at least 24 hours; alcohol may worsen injury to your stomach or have other effects.

Avoid taking the following medications: \_\_\_\_\_

You may continue taking the following medication(s) that your doctor(s) prescribed for you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Provide the Emergency Department with the name and the number of your primary care physician so that the ED can send him or her a record of your emergency department visit.

• You or your physician can get more information on the chemical by contacting: \_\_\_\_\_  
\_\_\_\_\_ or \_\_\_\_\_, or by checking out the following Internet  
Web sites: \_\_\_\_\_;

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of physician \_\_\_\_\_ Date \_\_\_\_\_