

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

SMO: Staphylococcal Enterotoxin B (SEB)

Revised Date:

Overview: Staphylococcal enterotoxin B (SEB) is part of a family of enterotoxins commonly implicated in food poisoning. SEB has been weaponized in the past and has and can be induced by ingestion or inhalation. Since this is an inhaled toxin, there is not a true incubation period. The onset of action is estimated to be 3 to 4 hours, after which the victim may be severely incapacitated by the illness.

INFORMATION NEEDED

- History of current illness
- Patient's family or friends displaying any signs and symptoms of this illness
- Any recent intake of food not prepared outside of the patient's home

OBJECTIVE FINDINGS

- **Constitutional: Fever and muscle pain may occur 8 to 20 hours after exposure.**
- **Pulmonary: Cough, dyspnea, rales, pulmonary edema and pleuritic chest pain may occur 4 to 15 hours after exposure.**
- **Cardiac: Tachycardia may be seen and closely parallels any fever.**
- **CNS: Headache is a common symptom of a significant exposure.**
- **GI: Nausea, anorexia and vomiting are common symptoms from inhalational exposure**
- **Severe exposures may lead to septic shock and death**

BLS

- Vital signs, including temperature
- Assess for any other medical or trauma issues
- Provide supplemental oxygenation by nasal cannula at 2-6 LPM or by non-rebreather mask at 10-15 LPM as needed
- Be prepared to suction and maintain a patent airway
- Treat for shock as needed
- Albuterol 3 mg in 3 cc NS via nebulizer, with a repeat dose until symptoms are relieved when bronchospasm is present

Documentation of adherence to protocol:

- History of current illness
- Oxygen provided
- Airway maintenance provided, suctioning and/or airway maneuvers

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ALS

- Vital signs, including temperature
- Assess for any other medical or trauma issues
- Provide supplemental oxygenation by nasal cannula at 2-6 LPM or by non-rebreather mask at 10-15 LPM as needed
- Be prepared to suction and maintain a patent airway
- Treat for shock as needed
- IV of N.S.
- In the presence of pulmonary edema, Furosemide at 40 mg IVP can be given
- Apply a cardiac monitor and run a documentary strip
- Albuterol 3 mg in 3 cc NS via nebulizer, with a repeat dose until symptoms are relieved when bronchospasm is present