

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

**SMO: Glanders**

**Revised Date:**

**Overview: Glanders is caused by Burkholderia mallei, a gram-negative bacillus. This is a disease of horses, mules and donkeys. Human infection has occurred almost exclusively in occupations which have contact with animals or work in laboratories (e.g., veterinarians, equine butchers and pathologists). Glanders has not occurred in the United States since the 1940s. As a bioweapon, it would be dispersed as an aerosol. Glanders can occur from a cutaneous infection, upper respiratory infection and/or pulmonary infection. Human cases may have a combination of all three syndromes. The usual incubation period is 10 to 14 days after inhalational exposure to the organism.**

**INFORMATION NEEDED**

- History related to the present illness
- Patient's occupation
- Any patient family members or friends displaying any of the signs and symptoms of this disease
- Any skin abrasions or lacerations on the patient

**OBJECTIVE FINDINGS**

- **Cutaneous infection:** Caused by invasion of abraded or lacerated skin; the patient will have nodules and ulcerations at site of infection. A chronic form of this disease may have lymphangitis with eruptions and ulcers along the lymphatic system. This form may spread to develop the septicemic form.
- **Upper respiratory infection:** The patient will present with mucopurulent discharge from the oral, nasal and/or conjunctival mucosa. There may be nodules and ulcers on the septum and turbinates. This form may spread to develop the septicemic form.
- **Pulmonary infection:** Patients will have dyspnea, bronchopneumonia, lobar or segmental pneumonia and necrotizing nodular lesions.
- **Septicemic form:** This stage begins suddenly with fever, rigors, sweats, muscle pain, pleuritic chest pain, photophobia, lacrimation and diarrhea. Physical examination may reveal fever, tachycardia, cervical adenopathy and mild splenomegaly. This form is usually fatal within 7 to 10 days.

**BLS**

- Standard isolation techniques for all EMS personnel that would include gloves, gown and mask
- Isolate the patient as much as possible by wrapping in sheets, particularly if there are skin abrasions and/or lacerations
- Vital signs
- Assess for any other medical or trauma issues
- Supplemental oxygenation as needed by nasal cannula at 2-6 LPM or by non-rebreather mask at 10-15 LPM
- Do not wipe away any discharges from the nose, mouth or eyes

Documentation of adherence to protocol:

- History of present illness
- Oxygen provided
- Isolation procedures used for the patient and EMS personnel

**Medical Control Contact Criteria**

- Contact Medical Control if there is any suspicion that the patient may have been exposed to this disease

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