



CANA (Diazepam)

Nerve Agent Antidote Auto-injector

What You Need to Know

Deployment Medication Information Sheets (DMIS) are provided by the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM). Written for soldiers and their families, they provide basic information on deployment medications that are intended as guidance only; consult your health care provider for more information.

What is nerve agent poisoning?

The nerve agents GA (tabun), GB (sarin), GD (soman), and VX are most likely to be used in chemical warfare.

- Small exposure to either a liquid or vaporized nerve agent can cause unexplained runny nose, sudden headache, excessive flow of saliva, difficulty seeing, nausea, vomiting, and diarrhea, followed by feelings of uneasiness and sometimes muscle twitching. The initial effect on the skin may be unnoticed sweating.
- Large exposure to nerve agents will cause sudden bronchoconstriction, unconsciousness, convulsions, and paralysis.

What is a CANA auto-injector?

The CANA auto-injector is a device used by soldiers who come under a chemical attack and begin to show symptoms of nerve agent poisoning. It is used in combination with three MARK Is (atropine and 2-PAM CL) to stop convulsions.

How do I take the antidote?

Instructions for use is outlined in STP21-1-SMCT, Soldier's Manual of Common Tasks-Skill Level 1.

- Current military doctrine is to administer diazepam with other therapy (three MARK Is: atropine and 2-PAM CL antidotes) at the onset of severe effects from a nerve agent, whether or not seizure activity is present.
- A buddy should inject it with the third MARK I, when your condition warrants the use of all three MARK Is at the same time.

- The buddy should administer the injection as follows.
 - Hold the injector in the hand forming a fist around the injector without covering or holding the needle end.
 - Place the end of the injector against the outer (lateral) thigh muscle anywhere from about a hand's width above the knee to a hand's width below the hip joint. Very thin soldiers should be given the injection in the upper outer part of the buttocks.
 - Push the injector into the muscle with firm, even pressure until it functions.
 - Hold the injector in place for 10 seconds to allow the antidote to be administered.
 - After the injection, you most likely will not need additional antidote if you can walk and know who and where you are. If additional antidote is needed, your buddy or medical personnel will give the injection.

How does CANA work?

Diazepam is used to control seizures after nerve agent exposure.

What does the military require?

CANA is required for use **ONLY** for symptomatic exposure to a chemical warfare nerve agent in conjunction with the use of three MARK Is (atropine and 2-PAM CL auto-injectors). CANA should be administered by a buddy.

Is there any reason I shouldn't take the antidote?

- There are no precautions or reasons not to use this antidote if you have been exposed to nerve agents and you begin to show symptoms.
- However, if there is no exposure to nerve agents and normal conditions exist, and the auto-injector is administered inadvertently, these are the symptoms you may have:
 - It may cause drowsiness, dizziness, lightheadedness, or headache.
 - Irritation at the injection site may occur.
 - Caution is advised when performing tasks that require alertness.

Where can I get more information?

- Health care provider at your military treatment facility.
- Medical NBC online: www.nbc-med.org
- Other Deployment Medication Information Sheets
 - Atropine Nerve Agent Antidote Auto-injector
 - 2-PAM CL (Pralidoxime Chloride) Nerve Agent Antidote Auto-injector

DMIS Provided by:

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