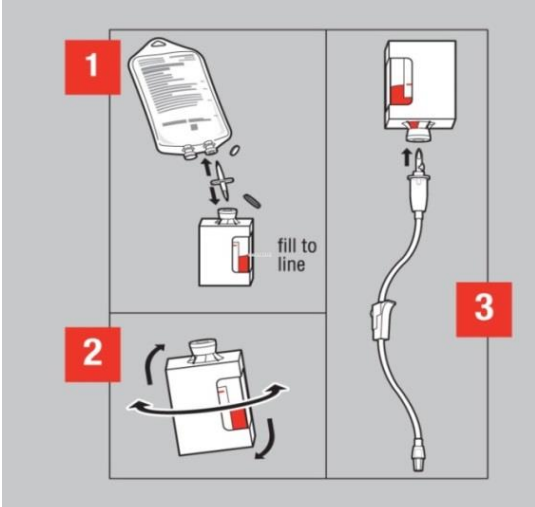




Smoke Inhalation / Carbon Monoxide Monitoring & Cyanide Toxicity

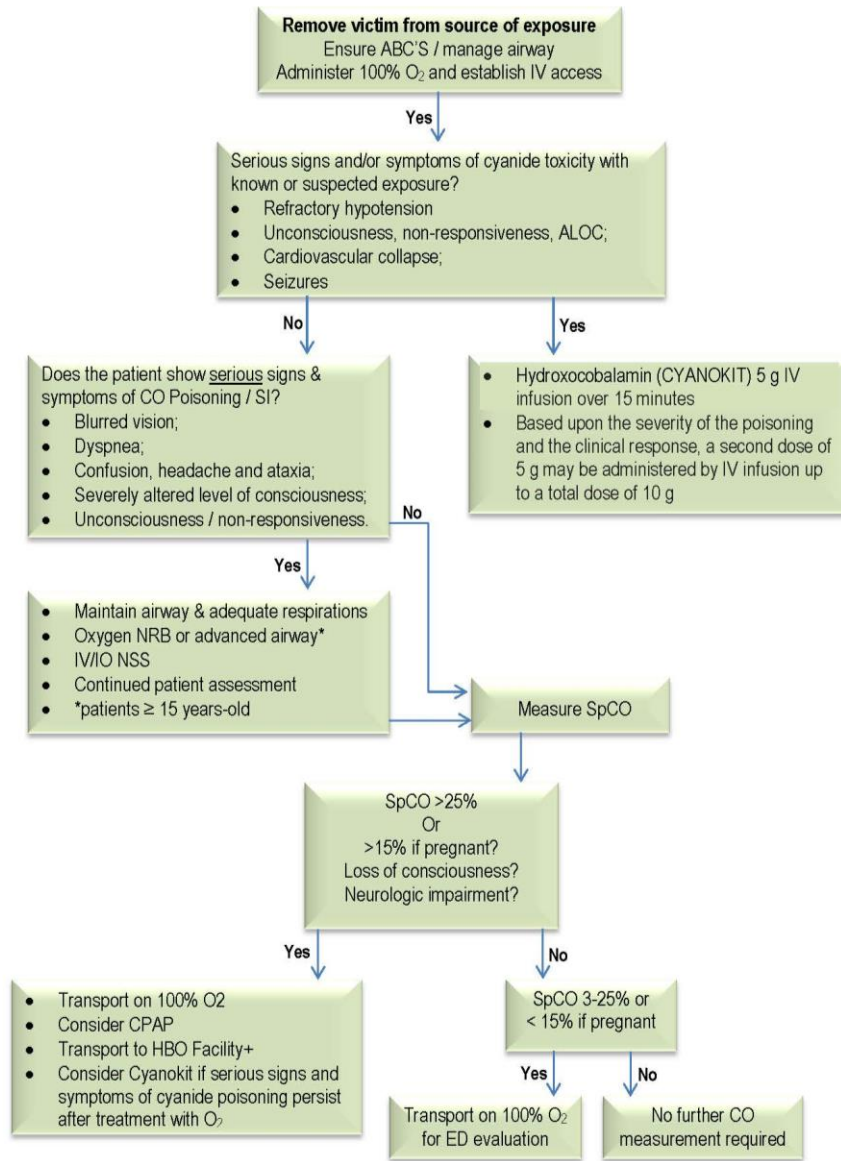
FIELD TREATMENT GUIDELINE M-10

INDICATION	<ul style="list-style-type: none"> • Carbon Monoxide Poisoning: Carbon monoxide is a colorless, odorless and tasteless poisonous gas that can be fatal when inhaled. Carbon Monoxide inhibits the blood's capacity to carry oxygen. Suspect CO in the presence of any fire. <ul style="list-style-type: none"> • Signs/Symptoms: Dizziness, severe headaches, nausea, sleepiness, fatigue/weakness and disorientation/confusion. • Cyanide Toxicity: Cyanide exists as a gas and as a product of combustion, and it is also in liquid and powdered formulations in solvents, reagents and cleaning compounds. <ul style="list-style-type: none"> • Signs/Symptoms: Headache, dizziness, nausea, vomiting, confusion, syncope, ALOC, hypotension, dyspnea, seizures, dysrhythmias, loss of consciousness, cardiovascular collapse, coma and death.
BLS	<ul style="list-style-type: none"> • Follow General Medical Care M-01. • For pediatric patients, follow General Pediatric Care P-01. • Contact Poison Control Center (if necessary): 1-800-404-4646 • Administer 100% oxygen via NRB.
ALS	<p>SUSPECTED CYANIDE TOXICITY:</p> <ul style="list-style-type: none"> • Hydroxocobalamin: <i>Adult:</i> 5 g IV/IO infusion over 15 minutes (5mL/min). May repeat once if severe signs of poisoning and lack of clinical response to first dose, MAX total dose of 10 g. <i>Pediatric: Not locally indicated.</i> • Preparation and Administration: <ul style="list-style-type: none"> • Reconstitute: Place the vial in an upright position. Add 200 mL of 0.9% Sodium Chloride Injection to the vial using the transfer spike. Fill to the line. • Mix: The vial should be repeatedly inverted or rocked, not shaken, for at least 60 seconds prior to infusion. • Infuse Vial: Use vented intravenous tubing, hand and infuse over 15 minutes. • Consider Fluid Challenge AP-09.



KEY CONCEPTS

- Prehospital personnel should avoid contamination to poisons and wait for patients to be appropriately decontaminated prior to providing treatment.
- Consider rapid transport.
- Pulse oximetry values may be unreliable in smoke inhalation patients.
- Smoke inhalation should be particularly suspected in patients rescued from close-space structure fires.
- Consider transport to an area hospital that has hyperbaric oxygen (HBO) chambers after consultation with Base Hospital.
- There are no rapid methods to detect cyanide. Providers may be capable of measuring hydrogen cyanide concentrations in the air. In patients (and providers) exposed to a fire, consider the possibility of carbon monoxide exposure in addition to cyanide toxicity.
- Patients presenting with related symptoms should be treated by appropriate treatment guidelines (shock, seizures, etc.).



*Area hospitals that have hyperbaric oxygen (HBO) chambers:

- **John Muir Medical Center**
Walnut Creek (925)947-3212