

SMOKE INHALATION / CO MONITORING

- Routine Medical Care
- Symptoms of Carbon Monoxide (CO) poisoning:
 - ➔ Initial symptoms are similar to the flu with no fever and can include dizziness, severe headaches, nausea, sleepiness, fatigue/weakness and disorientation/confusion
- Note: Carbon Monoxide is a colorless, odorless and tasteless poisonous gas that can be fatal when inhaled. CO inhibits the blood's capacity to carry oxygen. CO can be produced when burning any fuel. CO is a by-product of incomplete combustion. Suspect CO in the presence of any fire. SpCO = carboxyhemoglobin

1. Pulse oximetry values may be unreliable in SI patients
2. Cyanide and/or the combination of cyanide and carbon monoxide may be responsible for the majority of SI deaths
3. SI should be particularly suspected in patients rescued from closed-space structure fires
4. Sodium thiosulfate should not be given prophylactically
5. Remove victim from the source of exposure
 - 5.1 Completely remove victim's clothing prior to transport
 - 5.2 Perform spinal immobilization if indicated
 - 5.3 Evaluate patient for facial burns, hoarseness, black sputum, and soot in the nose or mouth
 - 5.4 Monitor SpCO (if available)
 - 5.5 Assess and treat for traumatic and/or thermal injuries (go to appropriate policy)
6. Administer 100% oxygen via NRB
 - 6.1 Control airway early. Perform endotracheal intubation/King LTD placement if indicated
 - 6.2 Use BVM with airway adjuncts
 - 6.3 If bronchospasm present, go to appropriate respiratory policy
7. Provide cardiopulmonary support (go to appropriate cardiac arrest policy, if indicated)
8. Initiate IV NS. Consider fluid bolus 250-500 ml
9. ONLY if the patient exhibits serious signs and symptoms of smoke inhalation (SI)
 - 9.1 Administer sodium thiosulfate IV slowly over 10 minutes
 - 9.1.1 (Adults: 12.5 g/50 ml | Children: 0.4 g/kg - to a maximum 12.5 g) to SI patients with any of the following signs of cyanide poisoning:
 - ➔ Unconsciousness, non-responsiveness
 - ➔ Hypotension
 - ➔ Severely altered level of consciousness **with** soot in the mouth or nose
10. Treatment of cyanide poisoning must include immediate attention to airway patency, adequacy of oxygenation and hydration, cardiovascular support, and management of any seizure activity
11. If seizures present, go to appropriate seizure policy
12. If cardiac arrhythmia present, go to appropriate arrhythmia policy
13. Ensure rapid transport

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