## 2.39 SMOKE INHALATION

## **CRITERIA**

- Known or suspected smoke inhalation
- Remove patient from hazardous environment and remove clothing/protective gear and decontaminate as appropriate.
- 2. Airway management as appropriate.
- 3. Administer high flow oxygen via non-rebreather mask.
- If available, apply Masimo RAD-57 per Carbon Monoxide Evaluation Using Handheld Co-Oximetry Policy (9.7). A potentially pregnant patient should be transported with high flow oxygen regardless of SpCO reading.

Any symptomatic patient must be transported regardless of SpCO reading.

Any patient with SpCO reading >12% SHOULD be transported to an emergency department. If the patient declines transport, serial SpCO readings should be obtained and transport initiated if CO levels are not decreasing.

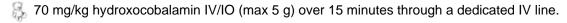
Any patient with SpCO reading >25% MUST be transported to an emergency department.

5. If suspected cyanide poisoning with mild symptoms, rapid transport with ambulance windows open and good ventilation after necessary decontamination completed.

## **EMT STOP**

- 6. Establish IV Access if potentially unstable; see Vascular Access Protocol (2.34).
- 7. Treat blood glucose as appropriate.
- If suspected HCN poisoning with cardiac/respiratory arrest, SBP <80 with signs of hypoperfusion, or seizures administer (if available):

5 g hydroxocobalamin (Cyanokit) IV/IO over 15 minutes through a dedicated IV line.



NOTE: Each vial must be reconstituted with normal saline using the supplied sterile transfer spike. Following reconstitution, the vial should be repeatedly inverted or rocked for at least 30 seconds prior to infusion. DO NOT SHAKE. If the reconstituted solution is not dark red or if particulate matter is visible after appropriately mixed, the solution should be discarded.

- 9. Provide supportive care directed to the patient's symptoms:
  - a. Hypotension Refer to Hypotension/Shock Protocol (2.18).
  - b. Seizures Refer to Seizures Protocol (2.31).