Assessment

- Evidence of trauma / burns
- Soot in nose / mouth / oropharynx
- Airway / Breathing
- Circulation BP / perfusion
- LOC (level of consciousness) –
 GCS, pupil size / reactivity

Proceed to Trauma Protocol Use spinal immobilization as indicated.

Remove patient from source of smoke/ inhalation

Clinical Severity (Suspected Carbon Monoxide (CO), Cyanide (CN), or Combined Exposure)

Mild Exposure

+ Soot in nose / mouth / oropharynx

- Administer 100% O2 via nonrebreather
- Monitor Pulse Oximetry
- Monitor ECG, if indicated
- Reassess frequently

Pediatric dose: Give 70 mg/kg, up to 5 g IV infused over 15 min. If signs and symptoms persist, a repeat dose can be administered (contact medical control). Infusion rate is usually 15 min and 2 hours

Moderate Exposure

+ Soot in nose / mouth / oropharynx + Confusion / disorientation / altered LOC +/- Hypotension

- Administer 100% O2, ventilate with BVM if needed
- Intubate / PEEP, as indicated
- Initiate IV / LR @ TKO
- Monitor ECG, Pulse Oximetry, if available (Note: Pulse oximetry monitors may give false readings in patients exposed to CN / methemoglobin or CO)
- If hypotensive, consider fluid challenge and administer Cyanokit 5g IVPB on scene or en route (Contact

Medical Control as indicated)

- Treat other presenting symptoms
- Transport to appropriate facility

Severe Exposure

- + Soot in nose / mouth / oropharynx
- + Coma / respiratory or cardiac arrest+ Hypotension
- Administer 100% O2 with BVM or intubate / PEEP, as indicated
- Initiate IV / LR @ TKO
- Administer Cyanokit 5g IVPB and monitor for clinical response/ and need for second 5g dose. (Contact Medical Control as indicated)
- If hypotensive, consider fluid challenge
- Monitor ECG, Pulse Oximetry, if available (Note: Pulse oximeters may give false readings in patients exposed to CN / methemoglobin or CO)
- Treat other presenting symptoms
- Transport to appropriate facility

Do not administer for cardiac arrest with burns greater than 50%