# **6PPD-QUINONE**

## **FIRST AID**

### **INGESTION**

- , IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- For advice, contact a Poisons Information Centre or a doctor.
- ▶ Urgent hospital treatment is likely to be needed.
- ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

#### Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

• INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

#### **EYE CONTACT**

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Finsure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

#### **SKIN CONTACT**

If skin contact occurs:

- ▶ Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- ▶ Seek medical attention in event of irritation.

### **INHALATION**

- ▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

### INDICATION OF ANY IMMEDIATE MEDICAL ATTENTION AND SPECIAL TREATMENT NEEDED

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

#### **BASIC TREATMENT**

Establish a patent airway with suction where necessary.

- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

# ADVANCED TREATMENT

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- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.

- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

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