

TOXIC EXPOSURE - CYANIDE

ALL PROVIDERS / EMT

- ☐ Scene Management
 - If properly trained and equipped, safely and rapidly remove patient from the source of exposure.
 - Request HazMat response as appropriate.
 - Industries in which to consider cyanide exposure:
 - Electroplating and Metallurgy
 - Organic chemicals production
 - Photographic developing
 - Manufacture of plastics
 - Fumigation of ships
 - Some mining processes especially gold/copper
 - Patients and EMS providers may be exposed to cyanide in the following ways;
 - Breathing air, drinking water, touching soil, or eating foods that contain cyanide.
 - Breathing smoke during closed-space fires.
 - Breathing air near a hazardous waste site containing cyanide.
 - Eating foods naturally containing cyanide compounds, such as tapioca, lima beans, apricot seeds and almonds. However, the portions eaten in the United States contain relatively low amounts of cyanide.
- ☐ Focused history and physical exam
 - Be alert for exposure related signs and symptoms;
 - Acute dyspnea/tachypnea without cyanosis
 - Nausea/vomiting
 - Seizures
 - Hyper or hypotension
 - Total body erythema (redness)
 - Cardiac monitor, CO₂, and Pulse Oximetry monitoring when available
- ☐ Treatment Plan
 - Administer high flow oxygen immediately and continuously
 - Pulse oximetry readings may not be accurate because of cyanide interaction
 - Cardiac monitor and ETCO₂, when available

ADULT

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

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- ☐ Advanced airway, vascular access and fluid therapy
- ☐ **Hydroxocobalamin (CYANOKIT®) for adults is 5 g** (contained in a single vial), administered by IV/IO infusion over 15 minutes (approximately 15 mL/min)

- ☐ Advanced airway, vascular access and fluid therapy
- ☒ **Hydroxocobalamin (CYANOKIT®) can be used in children. Administer 70mg/kg over 15 minutes IV/IO (approximately 15ml/min) not to exceed a max dose of 5 grams under direction of OLMC or Poison Control**

PARAMEDIC

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- ☐ **Epinephrine 2–10 mcg/min IV/IO** infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg.
- ☐ **Push Dose Epinephrine 10mcg** as needed to maintain a SBP >100 mmHg after fluid bolus

- ☐ **Epinephrine 0.1–2 mcg/kg/min IV/IO** infusion for hypoperfusion. Titrate to maintain a SBP >70 + (age in years x 2) mmHg.
- ☒ **Push Dose Epinephrine 1mcg/kg** as needed to maintain a SBP >70 + (age in years x 2) mmHg after fluid bolus