TOXIC EXPOSURE - CARBON MONOXIDE

ALL PROVIDERS / EMT

- ❑ Scene and patient management
  - Safely and rapidly remove patient from source of exposure.
  - Collect environmental CO levels if equipment is available.
- ❑ Focused history and physical exam
  - Estimation of exposure time.
  - Pulse oximetry readings are unreliable in carbon monoxide exposures
- ❑ Cardiac monitor and ETCO2, when available
- ❑ **Treatment Plan**
  - Administer 100% high-flow oxygen via non-rebreather mask.
  - Any exposure to carbon monoxide related to a closed space fire (such as a house fire) often also results in cyanide exposure.
- ❑ **Key Considerations**
  - Patients with symptoms of headache, nausea, tachycardia, neurologic changes, or a CO monitor reading >10% should be transported.
  - Pregnant patients: the fetus is very sensitive to even low levels of CO. All pregnant patients exposed to CO should be transported, regardless of the symptoms or the CO level.

ADULT

AEMT

- ❑ Advanced airway management, vascular access and fluid therapy
- ❑ **Closed Space Fires: Consider hydroxocobalamin 5 g** (contained in a single vial), administered by IV/IO infusion over 15 minutes (approximately 15 mL/min)

PARAMEDIC

- ❑ **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

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

- ❑ Advanced airway management, vascular access and fluid therapy
- ❑ **Closed Space Fires: hydroxocobalamin 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

- ❑ **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