

Checklist: Isolated Inhalation Injury Management

For more information, please refer to the Burn Centre Consultation Guidelines. This checklist has been developed to aid in clinical decision making at Referring Hospitals caring for patients with burn injuries. This is not a replacement of the burn consultation and should only be used at the care team's discretion. Burn Centre should be consulted as deemed necessary.

For Burn Consultation, please call CitiCall Ontario at 1-800-668-4357



► Inhalation Injury without Burn

- ☐ Patient can be managed safely outside of the Burn Centre

► Patients without Respiratory Distress

- ☐ Patient must be monitored for 4-6 hours prior to discharge home

► Patients Requiring Intubation and Mechanical Ventilation

- ☐ Use 100% Oxygen (O₂) until Carboxyhemoglobin (COHb) level reaches the normal range.
- ☐ Cyanokit can be considered for patients who are hemodynamically unstable or have low Glasgow Coma Scale (GCS). Consult Burn Centre prior to administration of Cyanokit.
- ☐ Perform diagnostic bronchoscopy.
- ☐ Administer Heparin 5000u/0.5mL nebulized every 4 hour (q4h) x 7 days or until extubation, whichever comes first.
- ☐ Administer Acetylcysteine 600mg/3mL nebulized every 4 hour (q4h) x 7 days or until extubation, whichever comes first.
- ☐ Administer Salbutamol 100mcg/inhalation, 8 puffs via Endotracheal Tube (ETT), every 4 hour (q4H) as needed (PRN).