Section: Pediatric Trauma
Subject: PEDI INHALATION OF HOT SMOKE AND GASES
Section #: 344.10
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1. Basic ALS treatments
    a. Continuous capnography should be used if available, especially in severe cases.

2. $ETCO_2$, CO, and HbCO monitoring

3. Albuterol: (nebulized)
    a. For weight < 20 kg, administer 2.5 mg via nebulizer q 20 minutes PRN
    b. For weight ≥ 20 kg, administer 5 mg via nebulizer q 20 minutes PRN
    c. Consider intubation if no response to any therapy and deterioration is noted.

4. QA points:
    a. Inhalation burns need to be followed vigilantly, but do not necessarily mean an automatic intubation. You need to follow the patient closely to determine if they are starting to deteriorate, or show signs of early airway obstruction. In those cases, you need to quickly move to capture the airway.
    b. Carboxyhemoglobin, produced by carbon monoxide poisoning, is misinterpreted by the pulse oximeter as oxyhemoglobin causing values to tend towards 100%. A pulse oximeter is extremely misleading in cases of carbon monoxide poisoning for this reason and should not be used as the sole method of monitoring the patient.
    c. The routine administration of corticosteroids does not appear to confer any benefit following smoke inhalation.