   a. Heavier than air displacing oxygen from low lying areas and closed spaces causing direct asphyxia
   b. Low concentrations may cause
      i. Ocular irritation
      ii. Cough
      iii. Dyspnea/tachypnea
      iv. Fatigue
   c. High concentrations:
      i. Altered mental status including agitation
      ii. Cyanosis
      iii. Vomiting
      iv. Dizziness
      v. Loss of consciousness
      vi. Cardiopulmonary arrest
16. Inhalants of abuse (i.e., felt tip markers, spray paint)
   a. Physical presences of paint or residue on individual from the inhaled agent
   b. Slurred speech
   c. Altered mental status (excitation, drowsiness to unconsciousness)
   d. Loss of consciousness
   e. Cardiac dysrhythmias
   f. Cardiopulmonary arrest

Patient Management

1. Don appropriate PPE — respiratory protection critical
2. Remove patient from the toxic environment
   a. Remove the patient's clothing that may retain gases or decontaminate if liquid or solid contamination
   b. Flush irrigated effected/burned areas
3. Rapidly assess the patient's respiratory status, mental status, and oxygenation
4. Administer (humidified if available) oxygen
5. Establish intravenous access (if possible)
6. Apply a cardiac monitor (if available)
7. Continuous and ongoing patient reassessment is critical

Assessment

1. Make sure the scene is safe as many gases are heavier than air and will build up in low lying areas. This is especially true of hydrogen sulfide and it's "knock down" effect of the initial unprotected responder and subsequence casualties associated with unprotected rescuers attempting to safe the first downed responder
2. Consider BSI or appropriate PPE
3. Remove patient from toxic environment
4. Decontaminate
5. Assess ABCD and if indicated, expose the patient, and then cover the patient to assure retention of body heat
6. Vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment) which include temperature