

**PREHOSPITAL MANAGEMENT AFTER INITIAL DECONTAMINATION****HYDROFLUORIC ACID**

FORMS: Gas, liquid (variable concentrations). Fluoride salts in the presence of some acids may generate toxic quantities of hydrogen sulfide gas.

- Evaluate Airway \*
- Oxygen – High Flow/NRM
- Irrigate injured eyes and skin
- Cardiac Monitor
- I.V.
- Transport
- BASE:

Consider:

- Calcium chloride 5cc 10% solution IV for hypocalcemic tetany or cardiac arrest or prophylactic for victims with high concentration (10-20%) exposure to >3 – 5% body surface area.
- Specific soaking solution or fluoride binding agent. \*\*

- \* Intubation should be considered if the victim develops severe respiratory distress  
Ingestion can cause severe corrosive burns of the esophagus and stomach; therefore, an EOA should not be considered as an airway adjunct.
- \*\* After initial strip and flush and basic decontamination, solutions of Epsom salt (Magnesium sulfate) or iced Hyamin are effective soaking solutions, if available. Topical application of magnesium or calcium containing antacids or gels may also be considered, if available. Some industries may have these substances available for emergency treatment, should this treatment be initiated by the company, it may be continued enroute.