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 and should be treated with hydroxycobalamin.
- ❑ 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	PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing.
AEMT	**AEMT**
❑ Advanced airway management, vascular access and fluid therapy per ***IV/IO Access and Fluid Therapy Guidelines***	❑ Advanced airway management, vascular access and fluid therapy per ***IV/IO Access and Fluid Therapy Guidelines***
❑ **Closed Space Fires: Consider hydroxocobalamin (CYANOKIT®) 5 g** (contained in a single vial), administered by IV/IO infusion over 15 minutes (approximately 15 mL/min)	❑ **Closed Space Fires: hydroxocobalamin (CYANOKIT®) 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	**PARAMEDIC**
❑ **Epinephrine (1:1000) 2–10 mcg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg. (Consider Push-dose Epi)	❑ **Epinephrine (1:1000) 0.1–2 mcg/kg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >70 + (age in years x 2) mmHg. (Consider Push-dose Epi)