

Smoke Inhalation - Symptomatic

EMT

- ABC and AED
- Apply carbon monoxide monitor if equipped

 EMT STOP

INTERMEDIATE

- Airway management as appropriate
- Vascular access, with bloods drawn; Normal Saline 500 ml IV bolus

 INTERMEDIATE STOP

CCT

PARAMEDIC

- Cardiac Monitor
- 12 Lead EKG

 CCT AND PARAMEDIC STOP

PHYSICIAN OPTIONS

- Hydroxycobalamin (CyanoKit) 5 grams IV over 15 minutes if suspected cyanide toxicity

Key Points/Considerations

- Hydroxycobalamin (CyanoKit) is not available in all ambulances. It may be available for response to scenes through ReMAC, as well as County Fire and EMS Coordinators.
- Drawing bloods is of increased importance if CyanoKit maybe given, as it can alter laboratory test results.
- Suspect cyanide toxicity in patients who were in enclosed spaces during a fire and have soot in their nares or oropharynx and exhibit altered mental status.
- Disorientation, confusion, and severe headache are potential indications of cyanide poisoning **IN THE SETTING** of smoke inhalation.
- Hypotension without other obvious cause **IN THE SETTING** of smoke inhalation increases the likelihood of cyanide poisoning.
- Do not delay transport awaiting a responder with CyanoKit. It is available at most of the Regional Emergency Departments.