

SMOKE INHALATION (SI) (#7152)

NOTES:

- ✓ This protocol should only be used in patients with serious signs and symptoms
 - ✓ Pulse oximetry values may be unreliable in SI patients.
 - ✓ Cyanide and/or the combination of cyanide and carbon monoxide may be responsible for the majority of SI deaths.
 - ✓ SI should be particularly suspected in patients rescued from closed-space structure fires.
 - ✓ Sodium thiosulfate should not be given prophylactically.
1. Remove victim from the source of exposure
 - ✓ Completely remove victim's clothing prior to transport
 - ✓ Perform spinal immobilization if indicated
 - ✓ Evaluate patient for facial burns, hoarseness, black sputum, and soot in the nose or mouth, as appropriate.
 - ✓ Assess and treat for traumatic and/or thermal injuries (go to appropriate policy)
 2. Administer 100% oxygen via NRB
 - ✓ Control airway early. Perform endotracheal intubation/Combitube placement if indicated
 - ✓ Use BVM with airway adjuncts.
 - ✓ If bronchospasm present, go to appropriate respiratory policy.
 3. Provide cardiopulmonary support (go to appropriate cardiac arrest policy, if indicated)
 4. Initiate IV NS. Consider fluid bolus 250-500 cc.
 5. Administer sodium thiosulfate IV slowly over 5 minutes
(**Adult:** 12.5 g/50 cc | **Children:** 0.4 g/kg - to a maximum 12.5 g) to SI patients with any of the following
 - ✓ Unconsciousness, non-responsiveness
 - ✓ Hypotension
 - ✓ Soot in the mouth or nose with severely altered level of consciousness
 6. If seizures present, go to appropriate seizure policy
 7. If cardiac arrhythmia present, go to appropriate arrhythmia policy
 8. Ensure rapid transport