

Haz-Tox Medic Reference Chart

Protocol 25

Poison	Signs & Symptoms	Treatment
Carbon Monoxide	CP, SOB, Tachypnea, Headache Tinnitus, False SaO2 readings, Bright red skin	High Flow O2 , Positive pressure ventilation, transport to a hyperbaric chamber
Cyanide	Resp. depression / arrest, Cardiogenic shock (without cyanosis) Bitter almond smell	CyanoKit (Hydroxocobalamin) 200ml over 15 minutes
Hydrogen Sulfide	Olfactory Paralysis Upper airway irritation Resp. Distress	Amyl Nitrite 30 / 30 sec Sodium Nitrite 300mg over 2-4 min *No Sodium Thiosulfate for H ₂ S
Hydrofluoric Acid	Burns – Pain outweighs the affected area Upper airway irritations, resp. distress	Calcium Gluconate Gel to affected area Consider Calcium Chloride for cardiogenic signs
Nitrites / Phenols	Resp. Distress, Cardiogenic shock, Methemoglobinemia (Chocolate brown blood)	Methylene Blue 1-2mg/kg over 2-5 minutes
Halogenated Hydrocarbons	CNS Depression, Resp. distress, Tachyarrhythmias	Adenosine 6mg, 12mg (MCP for last 12mg) Brevibloc 50 mg over 1 minute Then Mix 2500mg in 500cc - Run at 60gtts / min
Organophosphates	SLUDGE, PE, AV Blocks & Arrhythmias CNS Dep. SZ.	Atropine 2mg IVP q 5 minutes until drying of secretions Diazepam 5mg IVP for seizures

BREVIBLOC ADMINISTRATION

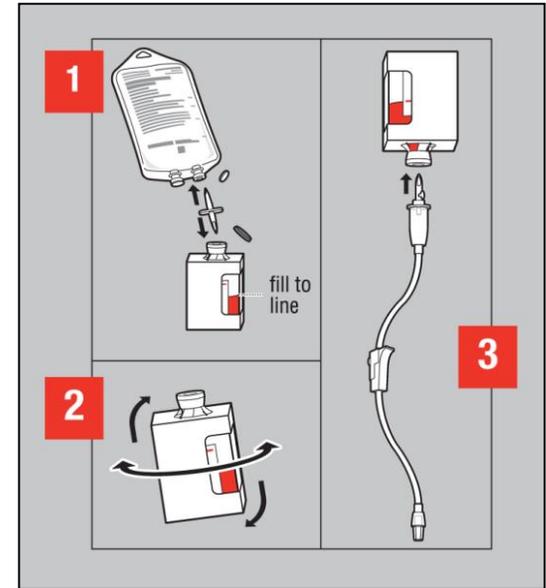
- Loading dose: **50 mg (5mL) over 1 minute.**
 - *Brevibloc comes in a 100 mg vial and also comes in another 2500 mg vial. Choose the 100 mg vial and draw 5mL for the initial loading dose.*

Infusion

- Begin a Brevibloc infusion by **mixing the 2500 mg in 500mL of normal saline. Use a 60 drop set and run the infusion at 60 drops per minute.**
- **If there is no change after five minutes, administer Brevibloc 50 mg slow IV push over one minute and then increase the infusion to 120 drops per minute.**
- Note: Brevibloc is not indicated for the pediatric patient.

CynoKit (Hydroxocobalamin) Instructions

1. Reconstitute: Add 200 mL of 0.9% Sodium Chloride Solution to vial using transfer spike. Fill to line. Vial in upright position.
2. Mix: Rock or rotate vial for 60 seconds to mix solution. Do not shake.
3. Infuse first vial: Use vented IV tubing to hang and infuse over 15 minutes.



Sodium Thiosulfate Drip

1. Obtain the following equipment:
 - a. 12.5g/50mL Sodium Thiosulfate
 - b. 60cc Syringe with needle
 - c. 50ML bag NS
 - d. 10gtt/ml infusion set
2. Draw 40mL of NS out of the 50mL bag and discard
3. Draw the entire volume of Sodium Thiosulfate in the syringe (50 ml) and inject it into the 50 ml NS bag.
4. Attach the 10gtt set to the IV bag and run it at **60gtts / min.**

Transport considerations based upon SpCO levels using Pulse-CO Oximeter

SpCO %	Transportation Requirements per Protocol 25
0-3%	Transport NOT required unless patient has another medical/trauma complaint
3-12%	No signs/symptoms = No Transport required unless patient has another medical/trauma complaint
3-12%	WITH signs/symptoms = ALS Transport to closest appropriate facility
≥13%	ALS Transport REQUIRED to closest appropriate facility