

## Carbon Monoxide Poisoning (Adult and Pediatric)

### CFR and All Provider Levels

1. Ensure that the scene is safe to enter
2. Remove the patient from the contaminated environment
3. ABCs and vital signs
4. Airway management
5. Administer oxygen via non-rebreather
6. Assess for shock and treat as needed

### CFR STOP

### EMT

7. Obtain patient's carbon monoxide level (SpCO) if available
8. Transport patients with continuous high concentration oxygen to the closest Hyperbaric Center (Appendix I: Hospital Specialty Capabilities) for ANY of the following conditions:
  - Asymptomatic patient with SpCO > 25%
  - Patients with a high index of suspicion for carbon monoxide poisoning AND any of the following symptoms: altered mental status, headache, or syncope
  - Pregnant patients with SpCO > 15%

### EMT STOP

### Paramedic

12. Perform advanced airway management as needed
13. Begin cardiac monitoring
14. Obtain intravascular access

### Paramedic STOP

### Medical Control Options

### Key Points / Considerations

- Transport patients with criteria as determined by the General Operating Procedures to the closest appropriate Hyperbaric Center
- Cyanide poisoning should be considered for patients who have been exposed to smoke from a burning substance in an enclosed space
- Patients shall be transported with continuous high concentration oxygen even if signs and symptoms of carbon monoxide poisoning resolve
- Oxygen saturation (SpO<sub>2</sub>) obtained from pulse oximetry monitoring is not accurate and may be falsely elevated in a patient with carbon monoxide poisoning