# Smoke Inhalation

## BLS Procedures

**ADULT**
- Remove individual from the environment
- Consider gross decontamination
- Assess ABCs
- Assess for trauma and other acute medical conditions
- Administer high flow oxygen as indicated, or with evidence of smoke inhalation and ALOC or significant headache

**PEDIATRIC**

## ALS Standing Orders

### Airway support in accordance with Policy 710 – Airway Management

**ADULT**
- IV/IO access as indicated

**PEDIATRIC**
- If Wheezes present
  - **Albuterol**
    - Nebulizer – 5 mg/6 mL
    - Repeat as needed

### If smoke inhalation AND unconscious or ALOC

**ADULT**
- **Hydroxocobalamin – If Available**
  - IV/IO – 5 g in 200 mL NS over 15 minutes

**PEDIATRIC**
- If smoke inhalation AND unconscious or ALOC
  - **Hydroxocobalamin – If Available**
    - IV/IO – 70 mg/kg to a max of 5 g in 200 mL NS over 15 minutes

## Base Hospital Orders Only

**ADULT**
- Continued unconscious/ALOC OR poor response to initial dose
  - **Hydroxocobalamin**
    - IV/IO – 5 g in 200 mL NS over 15 to 120 minutes, depending on clinical presentation.

**PEDIATRIC**
- Continued unconscious/ALOC OR poor response to initial dose
  - **Hydroxocobalamin**
    - IV/IO – 70 mg/kg to a max of 5 g in 200 mL NS over 15 to 120 minutes, depending on clinical presentation.

## Additional Information:

- If monitoring equipment is available, the patient’s carboxyhemoglobin levels should be checked if smoke inhalation is suspected.
- Evidence of smoke inhalation includes soot around mouth and/or nares, increased work of breathing, wheezing
- If additional IV/IO medications are indicated, establish a second IV or IO. DO NOT administer other medications with hydroxocobalamin through the same IV/IO line.
- DO NOT administer hydroxocobalamin if patient has a known allergy to hydroxocobalamin or cyanocobalamin