

Protocol 700-R2-P

Smoke Inhalation

Rev: 2/18

**BLS Treatment**

- ❖ Ensure scene safety
- ❖ Remove the victim from the source of exposure
- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Administer high flow oxygen via a NRB
- ❖ Evaluate the patient for facial burns, hoarseness, black sputum, and soot in the nose and/or mouth
- ❖ Completely remove the victim's clothing prior to transport.
- ❖ Perform spinal immobilization if c-spine precautions are indicated
- ❖ Assess and treat for thermal and/or traumatic injuries (See Policy *E4-P Burns* or Policy *T1-P Trauma*)
- ❖ Manage the patient's airway early. Use BVM with airway adjuncts as appropriate
- ❖ Treat bronchospasms and airway problems as necessary (See Policy *R1-P Respiratory Distress*)
- ❖ Place patient in position of comfort.
- ❖ Observe for signs of severe respiratory distress (Table 1)
- ❖ Prepare for transport/transfer of care.

**Table 1: Signs of Severe Respiratory Distress**

<ul style="list-style-type: none"> <li>• ALOC</li> <li>• Sig. accessory muscle use</li> <li>• fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• low SpO<sub>2</sub>,</li> <li>• poor skin signs</li> <li>• Elevated EtCO<sub>2</sub></li> <li>• inability to speak</li> </ul>
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**ALS Treatment**

- ❖ Manage the patient's airway early. Intubate the patient if necessary (See Procedure 704, *Advanced Airway Management*)
- ❖ Consider a **Normal Saline** bolus
- ❖ Transport/Contact Base Station.

**Special Considerations**

- ❖ **Warning:** Pulse oximetry values may be unreliable in smoke inhalation patients.
- ❖ Cyanide and/or the combination of cyanide and carbon monoxide may be responsible for the majority of smoke inhalation deaths

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