

Base Hospital Contact: Required for severe respiratory distress unresponsive or not amenable to CPAP.

1. Assess scene for safety
2. Use appropriate PPE
3. Remove patient from environment if potential for ongoing exposure
4. Assess airway and initiate basic and/or advanced airway maneuvers [prn \(MCG 1302\)](#)
5. If patient awake and alert, place in position of comfort
6. Administer **Oxygen** [prn \(MCG 1302\)](#)
High flow Oxygen 15 L/min for all patients with smoke inhalation, carbon monoxide exposure, or severe respiratory distress due to airway injury, regardless of SpO₂ ❶
7. If patient has an Unmanageable Airway [\(MCG 1302\)](#)
Initiate immediate transport to the MAR and **CONTACT BASE** en route
8. Assess for signs of trauma
If traumatic injury suspected, treat in conjunction with [TP 1244, Traumatic Injury](#)
9. For airway burns, treat in conjunction with [TP 1220, Burns](#)
10. For suspected carbon monoxide exposure, treat in conjunction with [TP 1238, Carbon Monoxide Poisoning](#)
11. For suspected exposure to hazardous materials including cyanide toxicity, treat in conjunction with [TP 1240, HAZMAT](#)
12. For airway edema and/or stridor:
Epinephrine (1mg/mL solution) administer 5mg (5mL) via neb
Repeat x1 in 10 min [prn](#)
13. For wheezing/bronchospasm (consider also for cough):
Albuterol 5mg (6mL) via neb or 4 puffs via MDI
Repeat x2 [prn](#), maximum total dose prior to Base contact 15mg
14. Initiate CPAP for alert patients with moderate or severe respiratory distress
Hold CPAP for patients with hypotension, suspected pneumothorax, upper airway edema/obstruction, or other contraindications [\(MCG 1315\)](#) ❷

Treatment Protocol: INHALATION INJURY

Ref. No. 1236

15. Initiate cardiac monitoring prn (*MCG 1308*)
16. Perform 12-lead ECG if cardiac ischemia suspected (*MCG 1308*)
17. Establish vascular access prn (*MCG 1375*)
18. For poor perfusion (*MCG 1355*):
Normal Saline 1L IV rapid infusion
Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

For persistent poor perfusion, treat in conjunction with *TP 1207, Shock/Hypotension*

SPECIAL CONSIDERATIONS

- ❶ Suspect smoke inhalation and carbon monoxide exposure in setting of closed-space fires, carbonaceous sputum in mouth/nose, elevated carbon monoxide levels (if point of care testing available), and facial burns. For patients with ALOC or seizure after industrial or closed space fire, also consider cyanide toxicity; contact Base and ensure notification of the receiving hospital.
- ❷ CPAP is appropriate for undifferentiated respiratory distress and may be used if patient does not improve after initial albuterol.