



**Treatment Protocol: CARBON MONOXIDE EXPOSURE**

**Ref. No. 1238-P**

1. Assess scene for potential hazards and number of patients
2. Remove patient from the source of carbon monoxide ❶
3. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
4. Administer **high-flow Oxygen 15 L/min** (*MCG 1302*)
5. Initiate cardiac monitoring prn (*MCG 1308*)
6. If carbon monoxide monitor available, consider measuring CO level ❷  
Report and document results
7. Establish vascular access prn (*MCG 1375*)
8. For altered level of consciousness, treat in conjunction with *TP 1229-P, ALOC*
9. Assess for signs of trauma  
For traumatic injury, treat in conjunction with *TP 1244-P, Traumatic Injury*
10. For poor perfusion (*MCG 1355*):  
**Normal Saline 20mL/kg IV rapid infusion** per *MCG 1309*  
For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
11. For suspected exposure to hazardous materials including cyanide toxicity, treat in conjunction with *TP 1240-P, HAZMAT* ❸



**SPECIAL CONSIDERATIONS**

- ❶ Symptoms of carbon monoxide poisoning include headache, altered level of consciousness, malaise, nausea, dizziness and unresponsiveness. Consider carbon monoxide when multiple persons in same location present with any of these symptoms.
- ❷ The measured carbon monoxide level should not impact the transport decision. It will be helpful for hospital treatment of the exposure.
- ❸ Exposures to certain chemicals can be associated with carbon monoxide poisoning. For example, methylene chloride (dichloromethane) is an industrial solvent and a component of paint remover. It is metabolized to carbon monoxide by the liver and may cause carbon monoxide toxicity if inhaled or ingested.

