

# Overdose: Carbon Monoxide Poisoning

# ILS Protocol

- ABCs
- Oxygen 100% NRB Mask
- Assist ventilations, prn ①
- Combitube, prn ②
- Transport ASAP

- Detailed Assessment ③
- Assess Level of Consciousness

IV NS TKO ②

Consider need for Hyperbaric Chamber

If air transport is considered, avoid transport via non-pressurized aircraft ④

Maintain Airway  
Support Respiratory Effort



Document:

- Signs & Symptoms
- Treatment
- Clinical Response to Treatment
- Vital Signs, SpO2
- Cardiac Rhythm
- Skin Color
- Respiratory Status
- Airway Management
- Conversations with Medical Control and/or Poison Control

Potential Signs & Symptoms of Carbon Monoxide Poisoning:

Mild headache, dyspnea on mild exertion, irritability, fatigue, nausea, vomiting, confusion, ataxia, syncope, seizures, incontinence, respiratory arrest, skin may be bright red in some cases.

Glasgow Coma Scale			
Eye	Spontaneous	4	
	To Voice	3	
	To Pain	2	
Opening	None	1	
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	Best	Oriented	5
Verbal	Confused	4	
	Response	Inappropriate words	3
		Incomprehensible words	2
None		1	
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	Best	Obeys Commands	6
Motor	Localizes Pain	5	
	Response	Withdraws (Pain)	4
		Flexion	3
None		2	
		Extension	1
		None	1

1 PEEP may be beneficial.

2 See Combitube Protocol.

3 A patient with a carboxyhemoglobin level of 15-40% will usually show variable signs and symptoms: confusion, headache, other CNS disturbances. Carboxyhemoglobin levels > 40% will usually leave the patient obtunded. Note: if your carboxyhemoglobin level is 20%, the best possible TRUE SpO2 will be 80% (as 20% of the heme-receptor sites are bound by CO) and yet your SpO2 monitor will read 100%. A SpO2 monitor does not distinguish CO from O2. IMPORTANT: administer 100% Oxygen.

4 Helicopters are not pressurized, yet transport via helicopter (at low altitude) may still be indicated and preferred over ground transport if ground transport is significantly slower. Many but not all fixed-wing air ambulances are pressurized.