

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINE FOR PREHOSPITAL EMERGENCY CARE**

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SUBJECT: 900.12 ORIGINAL ISSUE: 05/08
MEDICAL EMERGENCIES: LATEST REVISION: 12/13
CARBON MONOXIDE
POISONING

Carbon Monoxide (CO) is a odorless, colorless, tasteless, and insidious gas that takes hundreds of lives each year. The signs and symptoms of carbon monoxide poisoning may include:

- Headache
- Dizziness
- Irritability
- Confusion/Memory loss
- Disorientation
- Nausea and vomiting
- Abnormal reflexes
- Difficulty in coordinating
- Difficulty in breathing
- Chest Pain
- Cerebral Edema
- Convulsions/Seizures
- Coma
- Death

Often, several members of the same family or those in a given building will complain of the same symptoms. Children are thought to be more susceptible to carbon monoxide poisoning than adults.

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MEDICAL EMERGENCIES:
CARBON MONOXIDE POISONING**

If using the carbon monoxide oximeter, it should be noted that nonsmokers should have a level less than 5%. Smokers will have a level less than 8%. Patients with values between 8-15% should be placed on high flow oxygen via nonrebreather mask and transported to the hospital if symptomatic. If the patient has a level between 8-15% and is asymptomatic, a second reading should be obtained after 5 minutes of breathing fresh ambient air. If the repeat level is above 8% and they are refusing transport, contact medical control. Any patient above 15% should be placed on high flow oxygen via nonrebreather mask and transported to the closest appropriate facility. Any symptomatic patient should be transported regardless of the reading obtained by the carbon monoxide oximeter. Contact medical control with any questions or concerns.

Pre-Hospital Actions:

- Move the victim to fresh air.
- Monitor patient and assess vital signs as indicated. Carefully examine the patient's airway for signs of thermal injury.
- Administer 100% oxygen and provide ventilation/intubation if needed.
- Monitor patient for dysrhythmias
- Transport immediately to appropriate facility, preferably one with hyperbaric capability if the patient is stable enough to bypass the closest facility.

When using the carbon monoxide oximeter it should be noted that the device is not considered as accurate as blood testing. False positives and negatives have been reported. Take care to ensure that the device is used properly. The light shield should always be used. Any patient who is symptomatic should be transported for evaluation regardless of the reading obtained by the carbon monoxide oximeter.