

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Smoke Inhalation
Protocol**

Smoke inhalation injury is the result of various inhaled components of combustion and direct thermal injury to the airway. Signs and symptoms include: evidence of exposure to fire, stridor, wheezing, acute upper airway obstruction, chemical pneumonia and non-cardiac pulmonary edema. Effects of the exposure may be immediate or delayed several hours.

Carbon monoxide (CO) poisoning is a common secondary complication to smoke inhalation. Direct exposure to the gas is also common (especially in winter months). Signs and symptoms include: evidence of exposure to fire or natural gases produced by incomplete combustion, headache, dizziness, tinnitus, nausea, weakness, chest pain and ALOC.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. Initiate ALS intercept and transport as soon as possible.

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BLS Care (continued)

4. **Proventil (Albuterol)**: 2.5mg in 3mL of normal saline via nebulizer over 15 minutes. May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**).
5. Contact the receiving hospital as soon as possible or Medical Control if necessary.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen**: 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. **Proventil (Albuterol)**: 2.5mg in 3mL of normal saline via nebulizer over 15 minutes. May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**). In-line nebulizer may be utilized if patient is unresponsive/in respiratory arrest.
4. Initiate ALS intercept if needed and transport as soon as possible.
5. Contact the receiving hospital as soon as possible or Medical Control if necessary.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.

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ALS Care (continued)

2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.
3. **Proventil (Albuterol):** 2.5mg in 3mL normal saline mixed with **Ipratropium (Atrovent):** 0.5mg via nebulizer over **15 minutes**. Repeat Albuterol 2.5mg with Atrovent 0.5mg every 15 minutes as needed. In-line nebulizer may be utilized if the patient is unresponsive or in respiratory arrest.
4. Transport as soon as possible.
5. Contact the receiving hospital as soon as possible.

Critical Thinking Elements

- Any trauma patient that has sustained significant trauma (in addition to burn injuries) and meets Field Triage Criteria for trauma shall be transported to the Level I Trauma Center (OSF Saint Francis Medical Center) if transport time is < 30 minutes.
- Monitor the patient's airway closely.