12E – CYANIDE
ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Personal safety
2. Patient safety
3. Cardiac arrest resuscitation (if applicable)
4. Oxygenation/Ventilation
5. Hydroxocobalamin administration
   - Enclosed space?
   - Soot in mouth/nose?
   - Altered mental status?

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

DIRECT TO MOVE AWAY FROM SUSPECTED SOURCE
IF SAFE TO DO SO
CPR BY EMD INSTRUCTION (if applicable)
IF AWAKE, AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).

EMR	EMT

MAINTAIN PERSONAL & PATIENT SAFETY
RESUSCITATION PER SECTION 4 (CARDIAC ARREST) PROTOCOLS (if applicable)
GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O_2 HIGH LITER PER MINUTE FLOW (15 LPM +) VIA NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-I85	AEMT

ADULT: INTUBATE IF INDICATED
IV/IO ACCESS – START TWO LINES
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA
AEMT or HIGHER LICENSE:
ADULT: HYDROXOCOBALAMIN 5 grams IVPB IN 15 MINS – ADMINISTER WITHOUT DELAY
FOR HYDROXOCOBALAMIN, USE SEPARATE LINE FROM ALL OTHER MEDICATIONS
PEDIATRIC: CONSULT OLMC FOR DIRECTIVES ON HYDROXOCOBALAMIN ADMINISTRATION (RECOMMENDED DOSE AT 70 mg/kg IVPB)

PARAMEDIC

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

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