



REGIONAL CARBON MONOXIDE GUIDELINES

Carbon monoxide (CO) poisoning is a life-threatening medical emergency requiring prompt recognition and intervention to minimize morbidity and mortality. Common sources of CO in EMS patients are smoke inhalation such as house fires, exhaust from a motor vehicle, gas heaters, or gas-powered equipment used inside. The cornerstone of CO poisoning management is the immediate removal of the patient from the exposure source and the rapid initiation of 100% oxygen therapy to expedite the elimination of CO from the bloodstream.

At the Scene:

In those with suspected carbon monoxide (CO) poisoning immediately obtain CO measurement via an available on-scene instrument:

- If elevated over 10 and symptomatic start on high flow O₂ via NRB
- Consider high flow O₂ for asymptomatic individuals
- If patient is comatose or requires airway protection, intubation and mechanical ventilation with 100% O₂ should be performed
- Transport to the closest appropriate ED (not a Freestanding Emergency Center)
- If concerns for airway burns exist transport directly to appropriate Burn Center:
 - BAMC Adults
 - UH Peds
- If measurement in the field is not possible and patient presents with symptoms of exposure start high flow O₂ and transport to closest appropriate ED (not a Freestanding Emergency Center)

Hospital Transfers

- For hospitals receiving a CO poisoned patient and suspect Hyperbaric Oxygen Therapy may be required - follow facility transfer policy or contact MEDCOM.
- A carboxyhemoglobin test is required in the ER, if not, consider transferring to facility with that capability.

MASCAL

If there is a CO poisoning mass casualty incident - contact MEDCOM immediately for aid in declaring the appropriate level MASCAL (for resources and assistance)