



## Protocol 700-R2: Smoke Inhalation

Revision 5/22/18  
Effective 8/1/18

### BLS Treatment

- ❖ Ensure scene safety
- ❖ Remove the victim from the source of exposure
- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Administer high flow oxygen via a NRB
- ❖ Evaluate the patient for facial burns, hoarseness, black sputum, and soot in the nose and/or mouth
- ❖ Completely remove the victim's clothing prior to transport.
- ❖ Perform spinal immobilization if c-spine precautions are indicated
- ❖ Assess and treat for thermal and/or traumatic injuries (See Policy *E4 Burns* or Policy *T1 Trauma*)
- ❖ Manage the patient's airway early. Use BVM with airway adjuncts as appropriate
- ❖ Treat bronchospasms and airway problems as necessary (See Policy *R1 Respiratory Distress*)
- ❖ Place patient in position of comfort.
- ❖ Observe for signs of severe respiratory distress (Table 1)
- ❖ Prepare for transport/transfer of care.

### ALS Treatment

- ❖ Manage the patient's airway early. Intubate the patient if necessary (See Procedure 704, *Advanced Airway Management*)
- ❖ Consider a **Normal saline** bolus
- ❖ Transport/Contact Base Station.

### Special Considerations

- ❖ **Warning:** Pulse oximetry values may be unreliable in smoke inhalation patients.
- ❖ Cyanide and/or the combination of cyanide and carbon monoxide may be responsible for most smoke inhalation deaths.

Table 1: Signs of Severe Respiratory Distress

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| <ul style="list-style-type: none"><li>• ALOC</li><li>• Sig. accessory muscle use</li><li>• fatigue</li></ul> | <ul style="list-style-type: none"><li>• low SpO<sub>2</sub>,</li><li>• poor skin signs</li><li>• Elevated EtCO<sub>2</sub></li><li>• inability to speak</li></ul> |
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