



## Protocol 700-R2-P: Smoke Inhalation

Revision 5/22/18  
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### 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-P Burns* or Policy *T1-P Trauma*)
- ❖ Manage the patient's airway early. Use BVM with airway adjuncts as appropriate
- ❖ Treat bronchospasms and airway problems as necessary (See Policy *R1-P Respiratory Distress*)
- ❖ Place patient in position of comfort.
- ❖ Observe for signs of severe respiratory distress (Table 1)
- ❖ Prepare for transport/transfer of care.

**Table 1: Signs of Severe Respiratory Distress**

• ALOC	• low SpO <sub>2</sub> ,
• Sig. accessory muscle use	• poor skin signs
• fatigue	• Elevated ETCO <sub>2</sub>
	• inability to speak

### 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