

San Mateo County Emergency Medical Services
Pediatric Inhalation Injury

For any signs/symptoms related to inhaling a gas or substance other than smoke or carbon monoxide

History

- Type of exposure (heat, gas, chemical)
- Duration of exposure
- Time of injury
- Past medical history
- Other trauma
- Loss of consciousness

Signs and Symptoms

- Burns, swelling, pain
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress could be indicated by hoarseness/wheezing
- Seizure/AMS after industrial or closed space fire, consider cyanide poisoning

Differential

- Foreign Body Aspiration
- Upper Respiratory Infection
- Asthma exacerbation
- Anaphylaxis
- Cyanide poisoning
- Thermal injury
- Chemical/Electrical injury
- Radiation injury
- Blast injury

Scene safety. Quantify and triage patients. Load and go with assessment and treatment enroute to hospital



No or Mild Airway Involvement
 Airway patent, no signs of edema, no stridor or change in voice, nasal hairs intact, low likelihood of airway involvement

Moderate Airway Involvement
 Suspected inhalation injury with only one of the following: Wheezing, change in voice, increased work of breathing/ tachypnea.

Severe Airway Involvement
 Accessory muscle use or altered breath sounds
 OR
 Any combination of the following: Airway edema, stridor, change in voice, increased work of breathing/tachypnea.

If oxygen saturation $\geq 92\%$
Routine Medical Care

- Head Trauma
- Pain
- Burns
- Carbon Monoxide/ Cyanide
- Hazmat
- Hypotension
- Eye Injury

E	Monitor and reassess
	Apply Oxygen to maintain goal $SpO_2 \geq 92\%$
	Cardiac monitor
P	Consider, IV
	Consider, Albuterol Use Broselow Tape; refer to dosing guide

Notify receiving facility. Consider Base Hospital for medical direction

E	Monitor and reassess
	High flow Oxygen Regardless of SpO_2
	Cardiac monitor
P	Consider, 12-Lead ECG
	Consider, IV/IO
	Albuterol Use Broselow Tape; refer to dosing guide
	Epinephrine 1:1,000 nebulized for stridor Use Broselow Tape; refer to dosing guide
	CPAP

Closest receiving facility for definitive airway. Consider Base Hospital for medical direction

Pediatric Respiratory Distress Treatment Protocols

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Pearls

- Consider expedited transport for inhalation injury.
- Ensure patient is properly decontaminated before placing in ambulance and transport to hospital.
- Contact Hazmat or Poison Control Center with questions about chemical or guidance on immediate treatment.
- If able, obtain the name of chemical(s) patient was exposed to pass information along to receiving hospital staff.

