### Pediatric Smoke Inhalation Injury

**History**
- Number and severity of other victims
- Industrial or residential fire
- Duration of inhalation
- Social history - smoking
- Past medical history
- Other trauma
- Odor

**Signs and Symptoms**
- Facial burns, pain, and/or swelling
- Cherry red skin
- 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
- Asthma exacerbation
- Cyanide poisoning
- Carbon monoxide poisoning
- Thermal injury
- Heart failure
- Acute respiratory distress syndrome

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

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<table>
<thead>
<tr>
<th>No or Mild Airway Involvement</th>
<th>Moderate Airway Involvement</th>
<th>Severe Airway Involvement</th>
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<tbody>
<tr>
<td>Airway patent, no signs of edema, no stridor or change in voice, nasal hairs intact, low likelihood of airway involvement.</td>
<td>Suspected inhalation injury with only one of the following: Wheezing, change in voice, increased work of breathing/tachypnea.</td>
<td>Accessory muscle use or altered breath sounds OR Any combination of the following: Airway edema, stridor, change in voice, increased work of breathing/tachypnea.</td>
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| **If oxygen saturation ≥ 92%** Routine Medical Care | Monitor and reassess  
Apply Oxygen to maintain goal \( \text{SpO}_2 \geq 92\% \)  
Cardiac monitor  
Consider, IV | Monitor and reassess  
High flow Oxygen Regardless of \( \text{SpO}_2 \)  
Cardiac monitor  
Consider, 12-Lead ECG  
Consider, IV/IO |
| Head Trauma | Consider, Albuterol or Albuterol MDI with spacer or Levalbuterol  
Use length-based tape; refer to dosing guide | Epinephrine 1:1,000 nebulized for stridor  
Use length-based tape; refer to dosing guide  
CPAP  
Closest receiving facility for definitive airway. Consider Base Hospital for medical direction |
| Pain | | |
| Burns | | |
| Carbon Monoxide/ Cyanide | | |
| Hazmat | | |
| Hypotension | | |
| Eye Injury | | |
Pearls

- 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.
- If able, remove patient’s clothing before placing in ambulance and transport to hospital.