

*This Sample Treatment Protocol is provided as a guide for the EMS Medical Director.  
The final protocol should be in accordance local policies and procedures as  
appropriate for each local jurisdiction*

**Prehospital Care  
Sample Treatment Protocol Template**

**Smoke Inhalation - Adult**

[Don appropriate PPE]

Remove patient from source of smoke/inhalation

***Assessment***

- Evidence of trauma / burns
- Soot in nose / mouth / oropharynx
- Airway / Breathing
- Circulation - BP / perfusion
- LOC (level of consciousness) – GCS, pupil size / reactivity

→ Proceed to Trauma Protocol  
Use spinal immobilization as indicated

**Clinical Severity (Suspected Carbon Monoxide (CO), Cyanide (CN), or Combined Exposure)**

**Mild Exposure**

+ Soot in nose / mouth / oropharynx

- Administer 100% O2 via non-rebreather
- Monitor Pulse Oximetry
- Monitor ECG, if indicated
- Reassess frequently

**Moderate Exposure**

+ Soot in nose / mouth / oropharynx  
+ Confusion / disorientation / altered LOC  
± Hypotension

- Administer 100% O2, ventilate with BVM if needed
- Intubate / PEEP, as indicated
- Collect blood sample via closed vacutainer technique before starting IV (purple top tube.)  
Transport blood sample with patient to receiving hospital
- Initiate IV / NS @ TKO
- Monitor ECG, Pulse Oximetry, if available (Note: Pulse oximetry monitors may give false readings in patients exposed to CN/ methemoglobin or CO)
- If hypotensive, consider fluid challenge and administer Cyanokit® 5g IVpgb on scene or en route (Contact Medical Control as indicated)
- Treat other presenting symptoms
- Transport to appropriate facility

**Severe Exposure**

+ Soot in nose / mouth / oropharynx  
+ Coma / respiratory or cardiac arrest  
+ Hypotension

- Administer 100% O2 with BVM or intubate / PEEP, as indicated
- Collect blood sample via closed vacutainer technique before starting IV (purple top tube.)
- Initiate IV / NS @ TKO
- Administer Cyanokit® 5g IVpgb and monitor for clinical response/ and need for second 5g dose. (Contact Medical Control as indicated)
- If hypotensive, consider fluid challenge
- Monitor ECG, Pulse Oximetry, if available (Note: Pulse oximeters may give false readings in patients exposed to CN / methemoglobin or CO)
- Treat other presenting symptoms
- Transport to appropriate facility