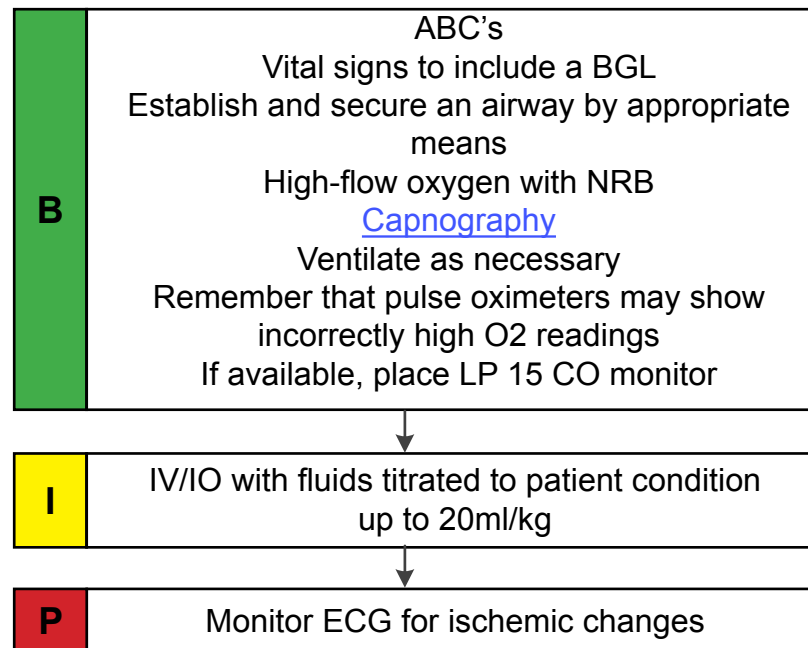


# Adult Medical Carbon Monoxide Poisoning

**Designation of Condition:** Carbon monoxide poisoning may occur in two different circumstances: by slow exposure (e.g., a defective furnace) or by rapid exposure (e.g., from by-products of combustion during a fire or a suicide attempt by auto exhaust). Signs and symptoms include headache, nausea, vomiting, weakness, dizziness, chest pain, and changes in level of consciousness. Carbon Monoxide poisoning should be suspected after smoke inhalation in a confined space fire, and if several patients in the same dwelling present with similar complaints (usually headache, nausea, and vomiting) during cold weather months.



- Transport considerations:**
- Any hospital is capable of caring for the CO exposure patient (no hyperbaric capacity in ABC area)
  - Any patient with **burns/trauma meeting Trauma Triage criteria** should be transported to UNMH
  - Any **pregnant patient** must be transported to a hospital with OB/GYN capabilities for monitoring

### \*\*\*KEY POINT\*\*\*

**Provider safety is priority.** If CO exposure is suspected, only properly equipped rescuers (equipped with SCBA and monitoring device) should enter the hazardous environment to remove patients to the safe zone.

The fetus of a pregnant woman is at higher risk due to the greater affinity of fetal hemoglobin to CO. With CO exposure, the pregnant woman may be asymptomatic while the fetus may be in distress. In general, pregnant patients exposed to CO should be transported.