**Pre Hospital:**
Decontaminate with 100% Oxygen via face mask
Scene levels
Number of victims
Source and duration of exposure

History: cardiac, pulmonary problems, smoking habits
Physical Exam: mini-mental status, cerebellar and peripheral neuro, lung and cardiac exam

**Initial Testing:**
CO Low Prob: CO Finger Probe
CO High Prob: Venous CO level
Women of child bearing age: Urine Pregnancy Test
Chest Sxs: ECG
Coma: Head CT
Contact Poison Control if CO > 5%

If CO Hgb level not above 5% (add 3% per PPD smoker), consider distant or chronic exposure. Consider other toxins and other diagnoses.

**HBO Candidate?**
Syncope, persistent neurological signs or symptoms after 2 hours with 100% oxygen, distress in viable fetus, diffuse cardiac ischemia (If STEMI, activate cath lab)

*Transfer for HBO2 therapy should be guided by the patients sx, no specific level mandates transfer for hyperbarics.*

*No CO level rules out CO poisoning, clinical assessment must guide treatment.*

No

High flow O2 therapy until level < 5 and patient asymptomatic.

Yes

CXR to rule out PTX
Contact NNEPC (1-800-222-1222) to arrange transfer
Contact Hyperbaricist for report Emtala form (consent)

This guideline was ratified by the emergency department faculty at Maine Medical Center in June 2009. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers’ clinical judgment.

Produced by Michael Halberg, MD and Tamas Peredy, MD