



CARBON MONOXIDE POISONING

CRITERIA FOR USE OF HYPERBARIC OXYGEN FOLLOWING EXPOSURE TO CARBON MONOXIDE

PATIENTS WITH ANY ONE OF THE FOLLOWING:

- ❖ **ANY PERIOD OF UNCONSCIOUSNESS* ***
- ❖ **COHb LEVEL > 25%***
- ❖ **PREGNANCY and COHb >15%***
- ❖ **SIGNS OF CARDIAC ISCHAEMIA OR ARRHYTHMIA***
- ❖ **AGE > 50 AND HISTORY OF SIGNIFICANT EXPOSURE***
- ❖ **IMPAIRED NEUROPSYCHOLOGICAL PERFORMANCE***
- ❖ **METABOLIC ACIDOSIS***
- ❖ **COMA* ***

* Weaver LK, Hopkins RO, Chan KJ, et al. Outcome of acute carbon monoxide poisoning treated with hyperbaric or normobaric oxygen. Undersea Hyper Med 2001;28(suppl):15

* Myers RAM, Thom SR. Carbon monoxide and cyanide poisoning. In: Kindwall EP, ed. Hyperbaric Medicine Practice. Flagstaff, Ariz.: Best Publishing, 1994:357.

Patients should be treated as soon as possible after exposure and should remain on high flow oxygen until transferred for hyperbaric treatment.

Conscious patients **MUST** be accompanied by a nurse (preferably with psychiatric nurse qualification if poisoning is due to suicide attempt) who will be expected to remain with the patient throughout treatment and accompany him/her back to the point of referral after treatment.

Intubated patients **MUST** be transferred together with Intensive Care staff who will be expected to accompany patient at all times including whilst in chamber.

Treatment consists usually of one, but sometimes two sessions of hyperbaric oxygen therapy (HBOT) each lasting 90 minutes.

Patients with **NONE** of the above but with a history of significant exposure should be treated with high-flow oxygen and re-assessed every 24-48hrs for at least a week, and referred for assessment and treatment if abnormal.

Most exposures are covered by ACC.

**IF YOU HAVE ANY QUESTIONS OR WISH TO REFER PATIENTS PLEASE CONTACT:
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