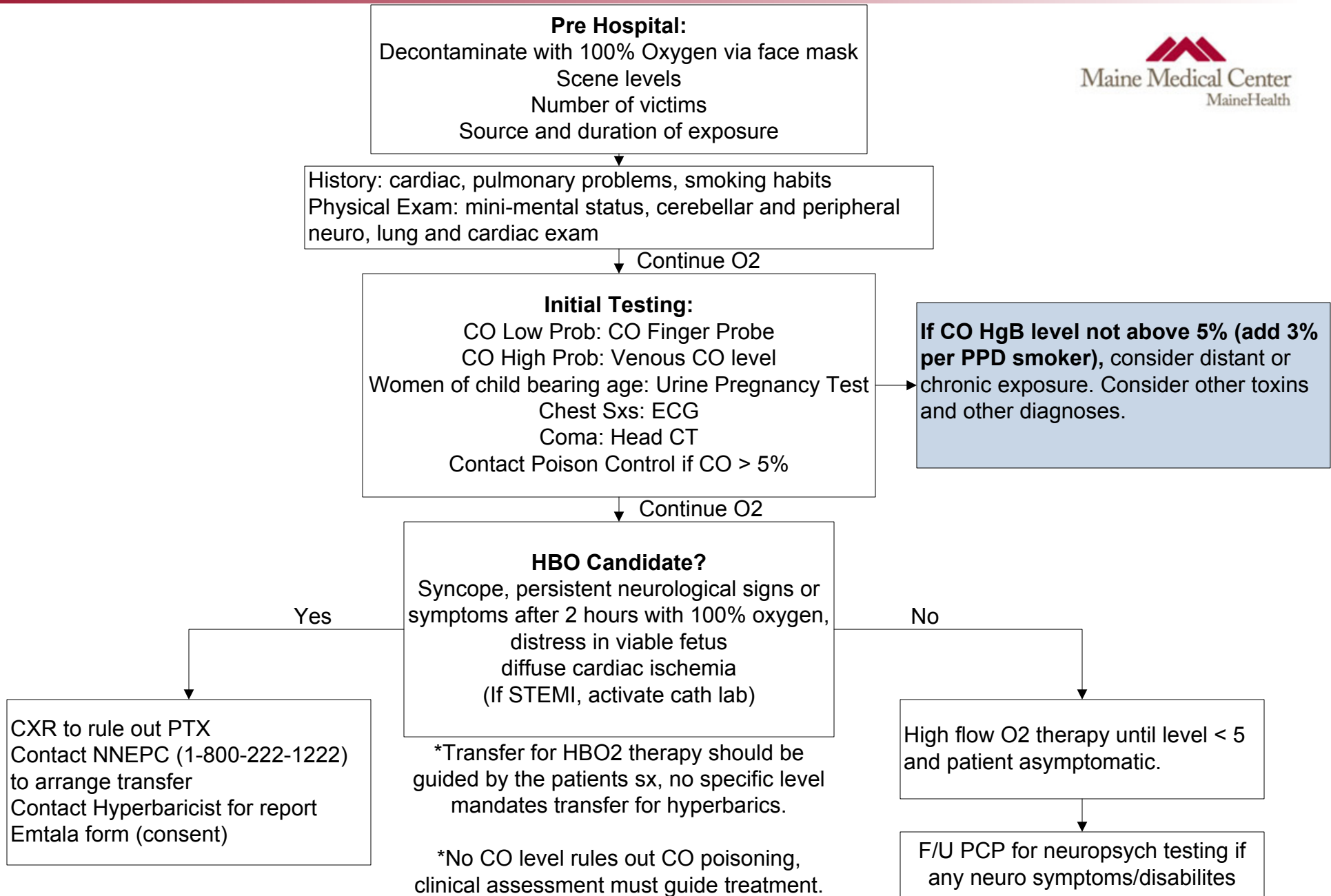


Suspected Carbon Monoxide (CO) Exposure



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.

Guideline Evidence

Guideline Topic: CO Poisoning

Author: Michael Halberg, MD

Date of Creation: 4/8/09

Sugg Update: 4/8/2012

Search Criteria: 1950-2009, "Carbon Monoxide Poisoning,"
"Hyperbaric Oxygen." Limits: English language.

Databases: Ovid, PubMed.

Key Guidelines (Dates) ACEP Clinical Policy, 2008.

#	Recommendation	Source	Classification	Level of Evidence
1	Deliver 15L/min supplemental oxygen prehospital	Expert Opinion	Expert Opinion	Level C Recommendation
2	Use finger probe for initial CO screening	Suner S et al. Non-Invasive Pulse CO-oximetry Screening in the ED Identifies Occult Carbon Monoxide Toxicity. J of Emerg. Medicine 2008. (A prospective observational study.)	Class II	Level B Recommendation
3	Strongly consider HBO therapy for patients with LOC, focal neurologic deficits, seizure, cognitive deficits, signs of cardiac ischemia (not STEMI), dysrhythmia.	Weaver LK et al. Hyperbaric Oxygen fo Acute Carbon Monoxide Poisoning. The NEJM 2002.	Class I: Randomized Control Trial	Level A Recommendation
4	Strongly consider HBO therapy for pregnant patients	Expert Opinion	Expert Opinion	Level C Recommendation
5	If CO exposure and STEMI, call cardiology cath lab	Stavitsky et al. Hyperbaric Oxygen and Thrombolysis in myocardial infarction. Cardiology 1998.	Class I: Randomized Control Trial	Level A Recommendation
6	Report cases of CO poisoning to toxicology center or governmental agency.	Maine State Law	State Law	Mandatory by Law
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CPQE Guideline Evidence, cont.

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