

EXHALE ACADEMY CSE CHEAT SHEET #12

BURNS & SMOKE INHALATION

RECOGNIZE IT

- Fire victim, enclosed-space smoke exposure, car exhaust, firefighter injury.
- Sooty/black secretions, facial burns, singed nasal hair.
- Hoarse voice, stridor, pharyngeal swelling.
- Confusion, headache, altered LOC can suggest CO exposure.
- Pulse oximeter may look falsely normal/high with CO poisoning.

GATHER

- Airway assessment repeatedly - swelling can worsen.
- SpO₂, but do not trust it for CO poisoning.
- Co-oximetry for carboxyhemoglobin.
- ABG for oxygenation/ventilation and acid-base.
- CXR may be normal early; later injury/ARDS can appear.
- Bronchoscopy may evaluate airway injury.

TREATMENT

- 100% oxygen immediately.
- Early intubation if airway edema, stridor, severe distress, or altered LOC.
- Hyperbaric oxygen when indicated/available for significant CO poisoning.
- Cover burns and prevent heat/fluid loss.
- IV fluids/electrolyte monitoring.

BRONCHOSPASM/SECRETIONS

- Bronchodilators if bronchospasm is present.
- Airway clearance if secretions are present.
- Mucolytics only when clinically appropriate.
- Monitor for infection; antibiotics only if infection is suspected/confirmed.

EXAM TRAPS

- Do not rely on pulse ox in CO poisoning.
- Do not wait too long to secure an airway that is swelling.
- Do not assume a normal early CXR means no inhalation injury.

EXHALE MEMORY LINE

Smoke injury: 100% oxygen now, check COHb, and secure the airway before swelling wins.