



**General Medicine
CYANIDE POISONING
Practice Guideline**

Patient Care Goals

1. Identify patients with suspected cyanide toxicity
2. Maintain adequate oxygenation and ventilation
3. Identify traumatic injury
4. Provide transport to appropriate hospital destination

Patient Presentation

Inclusion Criteria

Pt with suspected cyanide poisoning due to enclosed smoke inhalation or manufacturing/industrial exposure (plating)
 Early symptoms: headache, dizziness, tachycardia, SOB
 Unstable vital signs and symptoms: hypotension, altered mental status, severe air hunger regardless of SPO2 value
 ROSC after cardiac arrest

Patient Management

Early consideration of CN toxicity and preplanning to utilize hydroxocobalamin is imperative give the steps required for infusion

Medications

- Cyanokit® / Hydroxocobalamin IV/IO over 15 minutes (Pt unstable or ROSC after cardiac arrest)
 - Adult (≥40 kg): 5 g
 - Pediatric (<40 kg): 70 mg/kg
- Dedicated IV/IO line is critical; hydroxocobalamin is not compatible with most medications
- Cyanokit® provides medication, vented IV tubing, and transfer spike
- Medication turns red when reconstituted
- Cyanide kits may be supplied by industrial facility where there is a risk of employee exposure

Patient Safety Considerations:

- Complete trauma exams are critical
- Consider obtaining CO value via Rad57 or ZOLL CO oximetry if available

Appropriate transport destination is imperative for patient outcomes

- Adult patients: Consider transport to hyperbaric facility (St Lukes) for patients without trauma or burns
- Pediatric patients: Transport to Children’s Hospital

Quality Improvement

- Key Documentation Elements
1. Onset/duration of exposure
 2. Airway status
 3. Frequent vital signs
 4. Pediatric patients: pt wt

