This information is current as of the date faxed and for the patient specified ONLY. Do not use this information for other patients without contacting the Poison Center at 1-800-222-1222.

MUCOSAL IRRITATION IN TERRORIST VICTIMS: Health Care Information

Several terrorist agents may cause mucosal irritation, including vesicants (e.g., **mustard, lewisite**), irritant gases (e.g., **chlorine, ammonia, phosgene**), **mycotoxins**, **acids, bases** and others. These agents may be released accidentally from an industrial setting or intentionally via spray container or intentional release from a tanker in storage or during transport.

Recognition and Triage: Patients with mucosal irritation may be triaged as follows:

Immediate: Airway edema
Delayed: Oral or nasal irritation/burns without airway edema
Minor: Minor irritation to skin

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. If the patient has an inadequate airway or breathing, then bag-valve mask ventilation may be performed during decontamination. Endotracheal intubation prior to decontamination is technically difficult (while wearing PPE) and is not recommended.

Diagnosis and Treatment: Treatment is supportive. **Oxygen** may be required for hypoxemia. **Early intubation** should be considered for upper airway swelling. **Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. Exposed eyes should be flushed with 1 to 2 liters of water or normal saline and then treated with lubricants, such as petroleum jelly. Significant blisters should be unroofed and treated with silver sulfadiazine. Massive fluid resuscitation is NOT necessary for dermal chemical burns. Contact the **Poison Center (1 800 222 1222)** for specific questions or advice on individual patients.

Diagnosis can be definitively made by sending **25 mL of urine** to the Oregon State Health Lab. In unknown chemical events, draw and send 3 purple top and 1 green (or gray) top tube of blood to the Oregon State Health Lab (see attached chemical specimen sheet).

Patient Monitoring: Critically ill patients require continuous monitoring of pulse oximetry and end-tidal carbon dioxide, heart rate, respiratory rate and blood pressure.

Disposition Criteria (when to send patient home): Initially asymptomatic or mildly symptomatic patients exposed to irritant gases or phosgene may progress to severe toxicity over 4 to 8 hours. Patients with mild or no symptoms after 8 hours may be discharged with instructions to return if symptoms worsen.

Reporting/Coordination Link: Call the **Poison Center** (**1 800 222 1222**) for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

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Please review the CDC Collection Protocol, which should be included with this FAX.