**Methemoglobinemia**

METHEMOGLOBINEMIA should be suspected in patients who have been exposed to Nitrogen Oxides. METHEMOGLOBINEMIA can also be induced when treating a patient with Cyanide Poisoning.

FORMS: Gas, liquid and solid. Substances tend to be brown or yellow in color, especially when impure.

ROUTES OF EXPOSURE: Skin and eye, inhalation, ingestion

**SIGNS AND SYMPTOMS:**

**CNS:** Fatigue, restlessness and decreasing LOC are usually delayed signs.

**Eye:** Chemical conjunctivitis.

**Cardiovascular:** Cardiovascular collapse with a rapid and weak pulse. Reflex bradycardia may occur.

**Respiratory:** With most agents a mild and transient cough is the only symptom at the time of exposure. A delayed onset of dyspnea, rapid respirations, violent coughing and pulmonary edema follows. Some agents work immediately on the upper airway, resulting in pain and choking, spasm of the glottis, temporary reflex arrest of breathing and cause upper airway obstruction from spasm or edema of the glottis.

**Gastrointestinal:** Burning of the mucous membranes, nausea, vomiting and abdominal pain.

**Skin:** Irritation of moist skin areas. Pallor and prominent cyanosis.

**Other:** With most products, symptoms will be delayed for 5 to 72 hours. Certain products or high concentrations can bring on symptoms immediately. Blood may be a "chocolate brown" color.
Pre-Medical Control

PARAMEDIC

2. Administer oxygen 10-15 L via non-rebreather mask or BVM.
3. Aggressive airway management may be necessary!

Post-Medical Control

In the symptomatic patient with a significant exposure administer treatment in the following order.

1. Methylene Blue 1% solution (10 mg/ml) 1 to 2 mg/kg slow IV push over 5 minutes (equivalent to 0.1 to 0.2 ml/kg, or a total of 5 to 20 ml). Total dose should not exceed 7 mg/kg in adults or pediatrics. Observe for elevated BP, nausea, disorientation.
2. Repeat dose in 30 - 60 minutes if cyanosis or severe symptoms persist.
3. Oxygen for at least 2 hours following Methylene Blue administration.

WARNING! Methylene Blue is itself toxic and may produce disorientation, elevated BP, nausea, diarrhea and delayed hemolytic anemia.

Once patient is stable rule out other causes for METHEMOGLOBINEMIA.

SPECIAL CONSIDERATIONS:

Sedative medications may cause further damage and may be contraindicated.