Hydrogen Sulfide, Sulfides and Mercaptans

FORMS: Gas (hydrogen sulfide, methyl & short-chain alkyl mercaptans), liquid (other mercaptans).

ROUTES OF EXPOSURE: Skin and eye contact, inhalation, skin absorption.

SIGNS AND SYMPTOMS:
- **CNS:** Headache, confusion, dizziness, excitement, tiredness and a garlic taste in mouth. Decreased LOC, coma and seizures.
- **Eye:** Chemical conjunctivitis, lacrimation and photophobia.
- **Cardiovascular:** Cardiovascular collapse, tachycardia and arrhythmias.
- **Respiratory:** Irritation of respiratory tract, cough, dyspnea and tachypnea. Respiratory arrest and pulmonary edema may be present.
- **Gastrointestinal:** Nausea, vomiting, hemorrhage, perforation, abdominal pain, painful swallowing, profuse salivation, and burns to the mouth, esophagus, stomach and gastrointestinal tract may occur.
- **Skin:** Dermatitis, sweating and local pain. Cyanosis may be present.
- **Other:** Symptoms may be delayed. The ability to detect the product by smell may be lost after a short exposure time.

**Pre-Medical Control**
**PARAMEDIC**

2. Administer oxygen 10-15 L via non-rebreather mask or BVM.
3. In the symptomatic patient with significant exposure administer the Cyanide Poisoning Kit.

Cyanide Poisoning Kit – Note Sodium Thiosulfate is not effective for Hydrogen Sulfide exposure.

1. Administer Amyl Nitrite: Break pearls into gauze sponge and hold under patient's nose or BVM intake valve for 30 seconds of every minute until sodium nitrite solution is ready. Change ampule every 3 minutes.
Post-Medical Control

1. Administer Sodium Nitrite (3% IV solution):
   Adult: 10 ml (300 mg) over 5 – 10 minutes, slow IVP, or 0.33 ml/kg over 5 – 10 minutes slow IV push.
   Child: 0.33 ml/kg, maximum of 10 ml, over 5 – 10 minutes slow IV push.
2. Repeat antidote at 50% of initial dose if symptoms persist after 20 minutes. If symptoms worsen after treatment consider nitrite toxicity causing Methemoglobinemia. Follow Methemoglobinemia protocol, but do not treat with Methylene Blue.