## **Inhalation Injury**





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**LOCATION OF FIRE:** History is important. More likely to sustain an airway injury in an enclosed space. Duration of exposure increases risk.

PHYSICAL ASSESSMENT: A facial burn does not confirm an inhalation injury.

One piece to the puzzle. Look for soot around mouth and nose.

**RESPIRATORY ASSESSMENT:** Upper airway injury produces signs and symptoms of hoarseness, drooling and stridor.

MENTAL STATUS: Patients with a thermal injury should be awake, if not identify the cause. Extended smoke exposure increases risk of carbon monoxide toxicity. Treatment includes 100% oxygen.

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