Suspected Cyanide Toxicity
- Signs of smoke inhalation (Extricated from house fire, soot in nares, mouth, etc.)
- Suspected direct cyanide exposure/ingestion

If patient has 2 or more of the following physiologic derangements consistent with cyanide toxicity
1. Altered Mental Status
2. Lactate greater than 8
3. MVO₂ greater than 80%
4. SBP less than 90 mm Hg
Treat with hydroxocobalamin

Consult a toxicologist, time permitting, prior to hydroxocobalamin administration

Treat with hydroxocobalamin 5g IV over 15 minutes
Repeat as necessary up to a total dose of 15 g

Consider HBO therapy as recommended by hyperbarics specialist for CO toxicity

Cyanide Sources:
- Acetonitrile
- Acrylonitrile
- Cassava Root
- Ground prunus species seeds
- Industrial exposure to cyanide salts
- Electroplating solvents

Suspect Cyanide toxicity in any sudden collapse in lab or industrial settings with cardiovascular instability

Hydroxocobalamin will turn skin and secretions red and may affect spectrophotometric testing and LFT’s and UA may be deranged after institution of therapy
Pulse oximetry/CO-oximetry may also be affected

References:


