Forsyth County EMS
Skill Procedure: Carbon Monoxide Monitoring

	MR / EMT
	Expanded Scope EMT
	EMT-I
	EMT-P

I. Clinical Indications:

Responders entering the Medical Treatment Area of a rehabilitation operation.

II. Procedure:

A. Power on pulse oximetry unit with CO capability and allow machine to run self test.
B. Apply probe to the responder's finger or any other digit as recommended by the device manufacturer.
C. Allow machine to register saturation levels
D. Verify pulse rate on machine with the actual pulse of the responder.
E. Record CO levels on Rehab Group Medical Treatment Area Log.
F. Use pulse oximetry and carbon monoxide level data as added tools for responder evaluation. Treat the patient and not the data provided by the device.

III. Values:

0 – 5%	Normal in non-smokers
5 – 10 %	Normal for smokers
> 10 %	Onset of neurological symptoms of CO poisoning
> 15%	Highly recommended that the responder be considered a patient. Transportation to a ED and physician evaluation is recommended. The patient's signs / symptoms must be the ultimate guide to treatment.

IV. PEARLS:

- Factors which may reduce the reliability of the pulse oximetry / carbon monoxide readings
    - Poor peripheral circulation (hypovolemia, hypotension, hypothermia).
    - Excessive sensor motion
    - Fingernail polish (may be removed with finger nail polish remover)
    - Irregular heart rhythms (atrial fibrillation, SVT, etc.)
    - Jaundice

- Machine must be utilized in an environment with its operating range of 41° F to 104° F.
- Carbon Monoxide Monitoring is new technology for the field. Data on appropriate use of CO values in treating the patient in the field for Triage and Treatment purposes is not available at this time. Careful documentation of CO data is very important to establishing treatment and triage protocols in the future.

V. Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.

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Approved by:
Dr. R.L. Alson
Medical Director
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