Title
Carbon Monoxide Poisoning

Permalink
https://escholarship.org/uc/item/2r40q5th

Journal
Journal of Education and Teaching in Emergency Medicine, 1(1)

ISSN
2474-1949

Author
Wray, Alisa

Publication Date
2016

License
CC BY 4.0

Peer reviewed
Carbon Monoxide Poisoning
Alisa Wray, MD*
*University of California, Irvine, Department of Emergency Medicine, Orange, CA

ABSTRACT

Audience: This oral boards case is appropriate for all emergency medicine learners (Residents, interns, and medical students).

Introduction: Carbon monoxide (CO) is a colorless and odorless gas that typically results from combustion. It binds hemoglobin, dissociating oxygen, causing headache, weakness, confusion and possible seizure or coma. Pulse oxygen levels may be falsely elevated. Practitioners should maintain a high index of suspicion for carbon monoxide poisoning. If caught early CO poisoning is reversible with oxygen or hyperbaric oxygen therapy.

Objectives: The learner will assess a patient with altered mental status and weakness, ultimately identifying that the patient has carbon monoxide poisoning. The learner will treat the patient with oxygen and admit/transfer the patient for hyperbaric oxygenation.

Method: Oral boards case

Topics: Carbon monoxide poisoning, toxicology, carboxyhemoglobin, altered mental status, oral boards, hypoxia, pulse oximetry.
Learner Audience:

- Level of Learners:
  - Medical Students
  - Interns
  - Junior Residents
  - Senior Residents
  - Other ________________

Time Required for Implementation:

- Time for case: 15 minutes
- Time for debriefing (optional, when using oral boards for teaching instead of assessment): 10 minutes

Recommended number of learners per instructor: 1-3

Recommended pre-reading for instructor:


Objectives:

1. Learners will evaluate a patient with altered mental status and discuss the differential diagnosis of a patient with altered mental status and weakness
2. Learners will recognize the signs and symptoms of carbon monoxide poisoning
3. Learners will manage treatment of a patient with carbon monoxide poisoning

Linked objectives, methods and results:

This oral board case allows learners to have a simulated first-hand experience managing a patient with carbon monoxide poisoning. Completion of the oral board case allows learners to evaluate a patient with altered mental status, recognize the associated risk factors, review the appropriate differential, and appropriately diagnose and manage carbon monoxide (CO) poisoning.
Debriefing the case will allow the instructor to clarify any confusion or gaps in knowledge on the diagnosis and management of patients with carbon monoxide poisoning and the evaluation and differential diagnosis for patients with altered mental status.

**Topics:** Carbon monoxide poisoning, toxicology, altered mental status, oral boards, carboxyhemoglobin, hypoxia, pulse oximetry.

**Results and tips for successful implementation:**
- The case was initially presented as oral board case in a small group setting. The case was difficult for novice learners, but more straightforward for advanced learners.
- Novice learners will require more prompting to discover key pieces of history (kerosene lamp) and order appropriate diagnostic testing (carboxyhemoglobin level).
- While this case is best done as an oral boards case, it can also be done as a simulation case or small group session.
- It is important debrief the case with the learner after completion of the case or provide post-case reading material.

**References/suggestions for further reading:**
Pearls:

- Carbon monoxide is a colorless and odorless gas that is typically produced by hydrocarbon combustion, such as auto exhaust, smoke inhalation, improper heating systems, or poorly ventilated fuel-burning devices such as kerosene lamps. Accidental poisoning are seen more frequently in cold climates and winter months.
- CO binds to hemoglobin with greater affinity than oxygen, and then forms carboxyhemoglobin, this leads to deceased/impaired oxygen transportation, resulting in hypoxemia.
- Symptoms are typically non-specific and general such as headache, malaise, nausea, dizziness, and confusion. Patients’ skin and lips may appear “cherry red.”
- Severe poisoning can cause neurological symptoms such as seizures, syncope, coma, myocardial ischemia, and arrhythmias.
- Pulse oximetry will display a falsely elevated oxygen saturation. Obtain a venous or arterial blood gas for true oxygen saturation and carboxyhemoglobin level. Venous blood is sufficient to detect elevated carboxyhemoglobin levels.¹
- High carboxyhemoglobin levels suggest CO poisoning, but low levels do not rule out exposure and high level of suspicion is needed, such as in families who have flu-like symptoms or pets that are also ill.
- Treatment starts by removing the patient from the source, then starting the patient on 100% oxygen by non-rebreather mask.
- Patients who are comatose, have seizures, altered mental status, or show signs of myocardial ischemia will likely need intubation and mechanical ventilation, and may benefit from hyperbaric oxygen therapy.
- Patients who are pregnant should also receive hyperbaric oxygen therapy.
Oral Case Summary

Diagnosis: Carbon Monoxide Poisoning

Case Summary: 58-year-old female with headache and weakness. She had traveled to her family cabin yesterday to clean it in preparation for a family vacation. Today she called her daughter stating she wasn’t feeling well. According to her daughter she sounded confused on the phone. On further history, the daughter does note her mother told her she found several dead mice on the cabin floor. When she arrived to the cabin today to check on her, it was very warm; she had to turn the Kerosene heater off. The patient is confused, and has 4/5 strength in all extremities with an unsteady gait and dysmetria on finger-to-nose examination.

Order of Case: The learner should take a history, including sufficient details to include the dead mice and Kerosene heater. They should perform a physical exam including a complete neurologic examination. Given the acute altered mental status, the learner should consider an appropriate differential, in particular carbon monoxide poisoning. They should order a carboxyhemoglobin (COHb) and place the patient on oxygen. Given the acute neurologic changes, they should admit the patient to the hospital and consult a specialist for possible hyperbaric oxygen treatment.

Disposition: Admission

Critical Actions:
1. Perform a complete neurologic examination
2. Perform an accucheck (point of care blood glucose)
3. Order an ABG including carboxyhemoglobin (COHb) level
4. Start patient on 100% oxygen via non-rebreather
5. Admit the patient to the hospital for oxygen therapy or transfer for hyperbaric oxygen
Historical Information

Chief Complaint: “I feel weak and tired”

History of present illness:
A 58 year-old female with a history of hypertension who presents after her daughter found her this morning complaining of headache, weakness and fatigue. The daughter states that this morning the patient called her to say that she wasn’t feeling well. When the daughter arrived at the family cabin, she found the patient sitting on the kitchen floor, sweating and holding her head complaining of a headache. The patient was unable to stand up and the daughter had to support her mom to get her to the car. She brought the patient to the Emergency Department immediately.

The patient reports feeling well two days ago, but has been feeling very tired and sad since last night. She states that she traveled to the family cabin two days ago to prepare for a family vacation. While cleaning the cabin she found several dead mice. She states that yesterday morning she felt well, but just gradually began to feel generally weak. She increased the temperature on her heater to “full blast” because she thought maybe she was just cold. She denies exacerbating or relieving factors. She denies any fevers, chest pain, shortness of breath, syncope, seizure, nausea, or vomiting.

The daughter reports that the patient is normally independent and sharp, but today seems very confused; the daughter notes that when she arrived to the cabin today, it was very hot in the cabin; she states that she had to turn off the old kerosene heater.

Past Medical history: HTN and anemia
Past Surgical history: Cholecystectomy in her 30s, total abdominal hysterectomy in 40s
Patients Medications: Hydrochlorothiazide, Simvastatin
Allergies: NKDA
Social history: Lives alone but is very active
• Smoking: no
• Tobacco: no
• Drug use: occasional

Family history: Mother with CAD and MI in her 80s. Father with DM, HTN and CAD in his 70s.
Physical Exam Information

Vitals:  
- HR 73  
- BP 126/69  
- RR 20  
- Temp 36.9  
- O2Sat 97%

Weight: 60kg

General appearance: Patient appears stated age, lethargic, lying on the gurney

Primary survey:
- Airway: speaking in full sentences
- Breathing: no apparent respiratory distress, no cyanosis
- Circulation: warm skin, normal capillary refill

Physical examination:
- General appearance: alert, oriented to self and place, moderately lethargic
- HEENT: within normal limits
  - Head: within normal limits
  - Eyes: within normal limits
  - Ears: within normal limits
  - Nose: within normal limits
  - Throat: lips appear very red, there are no lesions; the oropharynx is clear
- Neck: supple neck, no nuchal rigidity
- Chest: within normal limits
- Cardiovascular: within normal limits
- Abdominal/GI: within normal limits
- Genitourinary: within normal limits
- Rectal: within normal limits
- Extremities: within normal limits
- Back: within normal limits
- Neuro: alert, oriented to self and place, follows commands, generalized weakness 4/5 in all extremities, no focal motor deficits, normal sensory examination, normal reflexes, unsteady gait, abnormal finger to nose, +dysmetria
- Skin: pale, no rashes, no edema
- Lymph: within normal limits
- Psych: poor concentration, no SI, HI, VH, AH
Critical Actions and Cueing Guidelines

1. **Perform a complete neurologic examination**
   The learner should complete a full neurologic examination assessing for deficits.

2. **Perform an accucheck (point of care blood glucose)**
   The learner should recognize that the patient is altered. All patients with altered mental status should be promptly assessed for hypoglycemia.
   a. **Cueing Guideline:**
      If the learner has not yet addressed the glucose, the examiner may cue them saying: (Nurse) “Doctor, would you like to order any tests?”

3. **Order an ABG including carboxyhemoglobin (COHb) level**
   The learner should order an ABG to check a carboxyhemoglobin level.
   a. **Cueing Guideline:**
      If the learner has not yet addressed this issue, the examiner may cue them by saying: (Nurse) “What are you worried about in this patient, doctor?”

4. **Start patient on 100% oxygen via non-rebreather**
   The learner should place the patient on 100% oxygen via non-rebreather to treat the carbon monoxide poisoning.
   a. **Cueing Guideline:**
      If the learner has not yet placed the patient on 100% oxygen, the examiner may cue them by saying: (Daughter) “What’s wrong with her? What can we do to fix it?”

5. **Admit the patient for oxygen therapy or transfer for hyperbaric oxygen.**
   The learner should recognize that the patient will require admission to the hospital for further management. Given the neurologic deficits, considering transfer of the patient for hyperbaric oxygen therapy is also appropriate.
   a. **Cueing Guideline:**
      If the learner has not yet admitted the patient, the examiner may cue them by saying: (Nurse) “What is the disposition for the patient?”
Oral Boards Assessment
Carbon Monoxide Poisoning

Learner: ____________________________________________

Critical Actions:
☐ Perform a complete neurologic examination
☐ Perform an accucheck (point of care blood glucose)
☐ Order an ABG including carboxyhemoglobin (COHb) level
☐ Start patient on 100% oxygen via non-rebreather
☐ Admit the patient to the hospital for oxygen therapy or transfer for hyperbaric oxygen

Summative and formative comments:

Milestone assessment:

<table>
<thead>
<tr>
<th></th>
<th>Milestone</th>
<th>Did not achieve level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emergency Stabilization (PC1)</td>
<td>Did not achieve Level 1</td>
<td>Recognizes abnormal vital signs</td>
<td>Recognizes an unstable patient, requiring intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Performs primary assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Discerns data to formulate a diagnostic impression/plan</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Performance of focused history and physical (PC2)</td>
<td>Did not achieve Level 1</td>
<td>Performs a reliable, comprehensive history and physical exam</td>
<td>Performs and communicates a focused history and physical exam based on chief complaint and urgent issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Manages and prioritizes critical actions in a critically ill patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reassesses after implementing a stabilizing intervention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prioritizes essential components of history and physical exam given dynamic circumstances</td>
</tr>
</tbody>
</table>

Standardized assessment form for oral boards cases. JETem © Developed by: Megan Osborn, MD, MHPE; Alisa Wray, MD; Shannon Toohey, MD
# Oral Boards Assessment

## Carbon Monoxide Poisoning

Learner: ___________________ ________________________

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Did not achieve level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
</table>
| 3 Diagnostic studies (PC3)         |                         |         | Determines the necessity of diagnostic studies | Orders appropriate diagnostic studies  
|                                    |                         |         | Performs appropriate bedside diagnostic studies                   | Prioritizes essential testing  
|                                    |                         |         |                                                                          | Interprets results of diagnostic studies  
|                                    |                         |         |                                                                          | Considers risks, benefits, contraindications, and alternatives to a diagnostic study or procedure |
| 4 Diagnosis (PC4)                  |                         |         | Considers a list of potential diagnoses  | Considers an appropriate list of potential diagnosis  
|                                    |                         |         | May or may not make correct diagnosis                        | Makes the appropriate diagnosis  
|                                    |                         |         |                                                                          | Considers other potential diagnoses, avoiding premature closure |
| 5 Pharmacotherapy (PC5)            |                         |         | Asks patient for drug allergies         | Selects an appropriate medication for therapeutic intervention, considering potential adverse effects  
|                                    |                         |         |                                                                          | Selects the most appropriate medication(s) and understands mechanism of action, effect, and potential side effects  
|                                    |                         |         |                                                                          | Considers and recognizes drug-drug interactions |
| 6 Observation and reassessment (PC6) |                         |         | Reevaluates patient at least one time during the case | Reevaluates patient after most therapeutic interventions | Consistently evaluates the effectiveness of therapies at appropriate intervals |
| 7 Disposition (PC7)                |                         |         | Appropriately selects whether to admit or discharge | Appropriately selects whether to admit or discharge | Educates the patient appropriately about their disposition  
|                                    |                         |         |                                                                          | Involves the expertise of some of the appropriate specialists  
|                                    |                         |         |                                                                          | Assigns patient to an appropriate level of care (ICU/Tele/Floor)  
|                                    |                         |         |                                                                          | Involves expertise of all appropriate specialists |

Standardized assessment form for oral boards cases. JETem © Developed by: Megan Osborn, MD, MHPE; Alisa Wray, MD; Shannon Toohey, MD  
**Oral Boards Assessment**

*Carbon Monoxide Poisoning*

**Learner:** _____________________

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Did not achieve level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22</strong> Patient centered communication (ICS1)</td>
<td>Did not achieve level 1</td>
<td>☐ Establishes rapport and demonstrates empathy to patient (and family)</td>
<td>☐ Elicits patient’s reason for seeking health care</td>
<td>☐ Manages patient expectations in a manner that minimizes potential for stress, conflict, and misunderstanding.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Listens effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>23</strong> Team management (ICS2)</td>
<td>Did not achieve level 1</td>
<td>☐ Recognizes other members of the patient care team during case (nurse, techs)</td>
<td>☐ Communicates pertinent information to other healthcare colleagues</td>
<td>☐ Communicates a clear, succinct, and appropriate handoff with specialists and other colleagues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Communicates effectively with ancillary staff</td>
<td></td>
</tr>
</tbody>
</table>

Standardized assessment form for oral boards cases. JETem © Developed by: Megan Osborn, MD, MHPE; Alisa Wray, MD; Shannon Toohey, MD

### Stimulus Inventory

<table>
<thead>
<tr>
<th>#</th>
<th>Test Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Patient Information Form</td>
</tr>
<tr>
<td>#2</td>
<td>ECG</td>
</tr>
<tr>
<td>#3</td>
<td>BMP</td>
</tr>
<tr>
<td>#4</td>
<td>LFTs</td>
</tr>
<tr>
<td>#5</td>
<td>CBC</td>
</tr>
<tr>
<td>#6</td>
<td>Lactate</td>
</tr>
<tr>
<td>#7</td>
<td>Urinalysis, urine toxicology, urine pregnancy test</td>
</tr>
<tr>
<td>#8</td>
<td>Tylenol Level</td>
</tr>
<tr>
<td>#9</td>
<td>Aspirin Level</td>
</tr>
<tr>
<td>#10</td>
<td>ABG, carboxyhemoglobin level</td>
</tr>
<tr>
<td>#11</td>
<td>CT head</td>
</tr>
<tr>
<td>#12</td>
<td>CXR</td>
</tr>
</tbody>
</table>
Stimulus #1

Patient Information

Patient’s Name: Mrs. Mary Hunt

Age: 58

Gender: Female

Chief Complaint: “I feel weak and tired”

Person Providing History: Patient and her daughter who brought her in

Vital Signs:

Temp: 36.9

BP: 126/69

P: 73

RR: 20

Pulse Ox: 97% on room air

Weight: 60kg
Stimulus #2

EKG
Stimulus #3

**BMP**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Na</td>
<td>135</td>
</tr>
<tr>
<td>K</td>
<td>3.3</td>
</tr>
<tr>
<td>Cl</td>
<td>104</td>
</tr>
<tr>
<td>CO2</td>
<td>20</td>
</tr>
<tr>
<td>BUN</td>
<td>15</td>
</tr>
<tr>
<td>Cr</td>
<td>1.0</td>
</tr>
<tr>
<td>Glucose</td>
<td>204</td>
</tr>
</tbody>
</table>
Stimulus #4

LFTs

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>4.2</td>
</tr>
<tr>
<td>Total Bili</td>
<td>0.3</td>
</tr>
<tr>
<td>AST</td>
<td>20</td>
</tr>
<tr>
<td>ALT</td>
<td>22</td>
</tr>
<tr>
<td>Alk Phos</td>
<td>70</td>
</tr>
</tbody>
</table>
Stimulus #5

<table>
<thead>
<tr>
<th>CBC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>9.3</td>
</tr>
<tr>
<td>Hgb</td>
<td>12.7</td>
</tr>
<tr>
<td>Hct</td>
<td>39.4</td>
</tr>
<tr>
<td>Platelets</td>
<td>217</td>
</tr>
</tbody>
</table>
Stimulus #6

<table>
<thead>
<tr>
<th>Lactate</th>
<th>2.5</th>
</tr>
</thead>
</table>
Stimulus #7

**Urinalysis**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Clear</td>
</tr>
<tr>
<td>Color</td>
<td>Yellow</td>
</tr>
<tr>
<td>Glucose</td>
<td>Neg</td>
</tr>
<tr>
<td>Ketones</td>
<td>Neg</td>
</tr>
<tr>
<td>Sp Gravity</td>
<td>1.05</td>
</tr>
<tr>
<td>Blood</td>
<td>Neg</td>
</tr>
<tr>
<td>pH</td>
<td>6.1</td>
</tr>
<tr>
<td>Protein</td>
<td>Neg</td>
</tr>
<tr>
<td>Nitrite</td>
<td>Neg</td>
</tr>
<tr>
<td>Leukocyte</td>
<td>Neg</td>
</tr>
<tr>
<td>WBC</td>
<td>0/HPF</td>
</tr>
<tr>
<td>RBC</td>
<td>0/HPF</td>
</tr>
<tr>
<td>Squamous Cells</td>
<td>0/HPF</td>
</tr>
<tr>
<td>Bacteria</td>
<td>None</td>
</tr>
<tr>
<td><strong>Upreg</strong></td>
<td>Neg</td>
</tr>
<tr>
<td><strong>Urine Toxicology</strong></td>
<td>Neg</td>
</tr>
</tbody>
</table>
Stimulus #8

Tylenol Level

Tylenol level <10
Stimulus #9

Aspirin Level

Aspirin level <10
Stimulus #10

Arterial Blood Gas

Drawn on room air

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH</td>
<td>7.367</td>
</tr>
<tr>
<td>pCO2</td>
<td>43</td>
</tr>
<tr>
<td>pO2</td>
<td>96</td>
</tr>
<tr>
<td>HCO3</td>
<td>22</td>
</tr>
<tr>
<td>O2 sat</td>
<td>96%</td>
</tr>
<tr>
<td>COHb</td>
<td>19%</td>
</tr>
<tr>
<td>MetHb</td>
<td>0%</td>
</tr>
</tbody>
</table>
Stimulus #11

CT Head
Stimulus #12

CXR