

Hydrofluoric Acid

Inclusion

Patient indications: suspected cyanide toxicity and abrupt onset of profound effects, including, altered LOC, respiratory distress/failure, seizure, hypotension, cardiac arrhythmia/arrest

Pre-Decon

Remove from source

Decon

Line of sight rescue as long as there is no change in F paper with copious wet Decon Pre- protocols

Post-Decon

- Initiate IV normal saline fluid bolus
- Cardiac monitor, supplemental O₂, and IV
- Pain management per pain management AO
- If patient has cardiac involvement (ventricular dysrhythmia, prolonged QT interval) administer calcium gluconate IV. Severe hydrofluoric toxicity can produce prolonged QT interval, PVCs, torsades, VF.
- If calcium gluconate gel is unavailable mix 10cc of calcium gluconate or calcium chloride with 1 oz of water-soluble lube

Adult

Medication Therapy:

- Topical calcium gluconate gel for cutaneous burns*
- **Calcium gluconate 10-30 ml IV/IO** for ventricular dysrhythmia

Peds <14y/o

Medication Therapy:

- Topical calcium gluconate gel for cutaneous burns*
- **Calcium gluconate 0.2-0.3 ml/kg IV/IO** for ventricular dysrhythmia