

TABLE 262e-4 ANTIDOTE RECOMMENDATIONS AFTER EXPOSURE TO CYANIDE^a

Patient	Mild (Conscious)	Severe (Unconscious)	Other Treatment
Child	If patient is conscious and has no other signs or symptoms, antidotes may not be necessary.	Sodium nitrite ^b : 0.12–0.33 mL/kg, not to exceed 10 mL of 3% solution, ^c by slow IV over no less than 5 min, or more slowly if hypotension develops and Sodium thiosulfate: 1.65 mL/kg of 25% solution IV over 10–20 min	Nasal oxygen supplementation For sodium nitrite–induced orthostatic hypotension, normal saline infusion and a supine position are recommended. If patient is still apneic after antidote administration, consider sodium bicarbonate for severe acidosis.
Adult	If patient is conscious and has no other signs or symptoms, antidotes may not be necessary.	Sodium nitrite ^b : 10–20 mL of 3% solution ^c by slow IV over no less than 5 min, or more slowly if hypotension develops and Sodium thiosulfate: 50 mL of 25% solution IV over 10–20 min Alternative: 5 g of hydroxocobalamin in reconstituted solution IV over 15 min	For amyl nitrite, ^b inhaled ampoules titrated to need or until other forms of IV therapy are initiated

^aVictims whose clothing or skin is contaminated with hydrogen cyanide liquid or solution can secondarily contaminate response personnel by direct contact or through off-gassing vapors. Dermal contact with cyanide-contaminated victims or with the gastric contents of victims who may have ingested cyanide-containing materials should be avoided. Victims exposed only to hydrogen cyanide gas do not pose contamination risks to rescuers. *If the patient is a victim of recent smoke inhalation (and thus may have high carboxyhemoglobin levels), only sodium thiosulfate should be administered.* ^bIf sodium nitrite is unavailable, administer amyl nitrite by inhalation from crushable ampoules. ^cAvailable in cyanide antidote kits, which can be purchased from various manufacturers.

Source: State of New York, Department of Health.

perles in cyanide antidote kits can be crushed and inhaled by a patient who is still breathing. Amyl nitrite can also be given through a respirator.

None of the cyanide antidotes is specifically approved for pediatric use.

Prognosis Cyanide casualties tend to recover much more quickly than casualties exposed to other chemical agents. Many patients with industrial cases have returned to work within the same shift. If a patient receives a large challenge and dies, death usually takes place within minutes of exposure.