8H - HYDROFLUORIC ACID
ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Personal safety – avoid exposure
2. Patient safety – remove exposure
3. Irrigate if ocular exposure
4. Irrigate & calcium gluconate topical application if dermal exposure
5. Respiratory support if inhalation exposure
6. Water or milk consumption if ingestion exposure

EMD

DIRECT TO MOVE AWAY FROM SUSPECTED SOURCE IF SAFE TO DO SO
OCULAR EXPOSURE:
DIRECT TO IRRIGATE WITH WATER & DON'T STOP
DERMAL EXPOSURE
DIRECT TO REMOVE INVOLVED CLOTHING
DIRECT TO IRRIGATE/SHOWER & DON'T STOP

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMR | EMT

MAINTAIN PERSONAL & PATIENT SAFETY – UTILIZE HAZMAT SPECIALISTIS IF CONDITIONS WARRANT
GENERAL SUPPORTIVE CARE & OBTAIN VITAL SIGNS
O_2 VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
OCULAR EXPOSURE: START/CONTINUE IRRIGATION OF EYES FOR A MINIMUM OF15 MINUTES USING TAP WATER OR NS
DERMAL EXPOSURE: START/CONTINUE IRRIGATION FOR SEVERAL MINUTES THEN APPLY CALCIUM GLUCONATE 2.5% GEL (if available) LIBERALLY
INHALATION EXPOSURE: RESPIRATORY SUPPORT – TREAT PER PROTOCOL 3B ACUTE DYSPNEA
INGESTION EXPOSURE: IF AWAKE & AIRWAY INTACT, PATIENT TO CONSUME MINIMUM OF 8 OUNCES OF MILK OR WATER

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-I85 | AEMT

ADULT: INTUBATE IF INDICATED
IV/IO ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
AVOID OPIATE/NARCOTIC ANALGESIA ADMINISTRATION – MONITOR EFFECTIVENESS OF ABOVE MEASURES FOR PAIN CONTROL
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)