

## AHLS for Tox-Medics™ Hydrofluoric Acid Guideline

### Inclusion

Known or suspected exposure to hydrofluoric acid (HF)

### Exclusion

Exposure to other acids or bases.

### Pre-Decon

BLS

- High flow O<sub>2</sub> via non-rebreather, reservoir mask
- BVM ventilation, if necessary

### Decon

The specific decon required should be determined by the incident commander (IC) or their designee. Medical guidance for decon is as follows:

General Decon Guideline

Eye Decon Guideline

### Post-Decon

- Apply calcium gluconate topical gel to the affected skin.
  - If calcium gluconate gel is not available, mix 10 mL of calcium gluconate solution with a 1 oz. package of water-soluble lubricant & apply to affected skin.
  - If lubricant is unavailable, apply calcium gluconate solution directly to affected skin.

#### Supportive Care

- High flow O<sub>2</sub> via non-rebreather reservoir mask, consider airway management protocol.
- Vital signs, primary & secondary survey, cardiac monitor, insert peripheral IV.
- If in pain, use pain management orders.

#### Age ≥ 10 years

##### Cardiac Dysrhythmia

- If unstable (cardiac dysrhythmia or arrest), insert peripheral IV/IO & give IV/IO calcium gluconate 30 mL (3g).

#### Age < 10 years

##### Cardiac Dysrhythmia

- If unstable (cardiac dysrhythmia or arrest), insert peripheral IV/IO & give IV/IO calcium gluconate 0.6 mL/kg.

#### Special Note:

- In the event of cardiac arrest, calcium chloride may be given. Calcium chloride can cause severe peripheral venous irritation & tissue damage; therefore, administration via a peripheral IV should be limited to managing cardiac arrest.
- Calcium gluconate should not be applied to the eye.