#### FIRST AID MANAGEMENT OF HYDROFLUORIC ACID INJURIES

Name						
Sex	M/F	Age	Date and time			

# Form to accompany patient to hospital (please note advice to hospital on unique treatment needed by fluoride burns!)

Please make sure that hospital staff is aware of the unique characteristics of injuries caused by AHF/ HF exposures and the fact that the systemic toxic effects of the exposure will require prompt serum monitoring of fluorides, calcium, magnesium and sodium, and calcium replacement by infusion.

### AHF/HF is corrosive and toxic and may cause:

- Severe and painful burns of the skin
- 2. Irritation of air ways that can lead to bronchitis or even pulmonary oedema
- 3. Asphyxia
- 4. Severe and painful burns of the eves
- 5. **Blindness**
- Severe and painful burns of the digestive track
- 7. Serious toxic systemic effects, that will require specialized metabolic, surgical, thoracic, ophthalmic intervention (Intensive Care)

Note: All or any of the above effects may be delayed in onset and/or be accompanied by toxic systemic effects.

## **DIAGNOSTIC (TICK APPROPRIATE)**

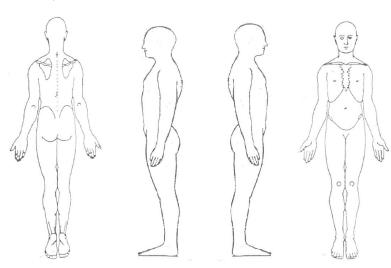
This patient was exposed to

- Anhydrous Hydrogen Fluoride
- HF \_\_\_\_\_\_% solution (specify)
- Other Fluoride? (specify

Exposure Time \_\_\_ AM/PM

Nature of exposure: ☐ Skin □ Eyes Inhalation □ Ingestion

Affected body surface:



### TREATMENT GIVEN (TICK APPROPRIATE)

Showering, decontamination of the skin	Duration	min
Showering, decontamination of the eyes	Duration	min
Calcium Gluconate gel	Duration	min
Eye irrigation with a 1% calcium gluconate solution	Duration	min
Nebulization of a 2.5% solution of calcium gluconate	Duration	min
Basic life support	Duration	min
Other (specify)	Duration	min

Time between exposure and decontamination with water: \_\_\_\_\_ min.

Time between decontamination with water and other treatment: \_\_\_\_\_ min.

Name and signature Dr

Nurse 1st Aider

Time \_\_\_\_\_ am/pm Note to First Aider: Patients should be accompanied by a doctor or nurse whenever possible

FOR FURTHER MEDICAL INFORMATION

Telephone \_\_\_\_\_

Name \_\_



place