**Toxidrome**

**Irritant/Corrosive**

**Inhalation**

### Affected Areas
- Upper pulmonary:
- Upper respiratory tract *(including airway/bronchi)*
- Lower pulmonary:
- Air space/alveoli

### Immediate Symptoms
- Respiratory distress
- Increased respiratory rate *(shallow and/or rapid)*
- Shortness of breath
- Plus or minus secretions *(e.g. drooling, mucus)*
- Coughing
- Use of accessory muscles for breathing *(tri-pod position)*
- Upper pulmonary:
  - Wheezing
  - Stridor
  - Nasal and oral secretions
  - Excessive eye tearing or lacrimation

### Ongoing Symptoms

#### Upper Respiratory:
- Bronchial spasm
- Respiratory failure

#### Lower Respiratory:
- Air space disease
- Absent breath sounds
- Rhonchi
- Rales

*Potential respiratory failure* *(e.g. cyanotic, apnea)*

### Examples

**Chemical Warfare Agents**
- Phosgene*

**Toxic Industrial Chemicals/Toxic Industrial Materials**
- Ammonia
- Chlorine
- Phosgene*
- Riot control agents

*May be weaponized

### Common Treatment Protocols
- Oxygen
- Bronchodilators
- Corticosteroid
- Mechanical Ventilation
- Suction
- Sodium Bicarbonate

### Sensitive Populations
- No particularly sensitive populations

### Concerns About This Syndrome

Lower pulmonary agents will, in their ideal presentation, be noted by the absence of upper pulmonary and mucus membrane signs and symptoms. Odor may be used for specific agent recognition. Hydrofluoric acid *(HF)-specific antidote (calcium)* may cause systemic *(cardiac)* effects after absorption.

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Not meant to be a complete care guideline. Please refer to the CHEMM website for more information: [https://chemm.hhs.gov/mmghome.htm](https://chemm.hhs.gov/mmghome.htm)