Inhalants/Volatile Substances ('Chroming')



Inhalation of volatile substances as recreational drugs is more common among adolescents. See separate guideline for Nitrous Oxide exposures.

Toxicity / Risk Assessment

'Chroming' is a general term to describe the inhalation of volatile substances /solvents.

- **Huffing** inhaling from a soaked cloth over face
- **Sniffing** directly inhaling from the container
- Bagging inhaling vapors from a plastic bag

A wide range of volatile solvents are used:

- Petroleum products (petrol, kerosene)
- Butane (deodorants, hairspray, lighter fluid)
- Toluene (paint thinners, model glue, spray paint)
- Acetone (nail polish remover)

<u>Clinical features (usually short-lived < 6 hours)</u>

Euphoria, disinhibition, impulsive behaviour followed by CNS depression, dysarthria, ataxia

Acute medical complications:

CVS: Palpitations, tachyarrhythmias, †QT, sudden death

CNS: Encephalopathy, coma, seizures

Resp: Aspiration and secondary pneumonitis

Metabolic: toluene causes metabolic acidosis, and renal

tubular acidosis with secondary $\downarrow K^+$

Management

Supportive care is the mainstay of treatment

Manage airway urgently if compromised from decreased level of consciousness (unlikely)

Decontamination:

There is no role for any decontamination for inhaled hydrocarbons/volatile substances.

Cardiac arrest/Ventricular tachyarrhythmias: (seek advice from a clinical toxicologist)

Resuscitation should be as per standard ACLS protocols, but limit use of adrenaline post initial resuscitation due to the presence of myocardial sensitization to catecholamines.

Consider using a short acting beta blocker such as esmolol for refractory ventricular tachyarrhythmias

Seizures:

Administer diazepam 5-10 mg IV every 5-10 minutes as required

Behavioural disturbance:

Administer diazepam 5-10 mg IV every 5-10 minutes to achieve gentle sedation

Prolonged OT interval: (see separate QT prolongation guideline)

 $Correct\ any\ electrolyte\ disturbances:\ ensure\ [K^+]>4.5-5.5\ mmol/L,\ [Ca^{2+}]>2\ mmol/L,\ [Mg^{2+}]>1.0\ mmol/L$

Disposition:

Observe until asymptomatic and well (normal vital signs, normal ECG, normal electrolytes)

AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE

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