Appendix 3. Blister Agents Sulfur Mustard (H, HD, and HT) Patient Information Sheet

This handout provides information and follow-up instructions for persons who have been exposed to sulfur mustard.

What are sulfur mustards?

Sulfur mustards are yellowish to brown liquids that have been used as chemical warfare agents since 1917.

What immediate health effects can result from exposure to sulfur mustards?

Sulfur mustards produce blistering and cell damage, but symptoms are delayed for hours. They cause damage to the skin, eyes, and respiratory tract. The eyes are the most sensitive. Nausea and vomiting may occur within the first few hours after exposure. Skin rashes, blisters, and lung damage may develop within a few hours of exposure but may take 12 to 24 hours to develop. Sulfur mustard can also suppress the immune system.

Can sulfur mustard poisoning be treated?

There is no antidote for sulfur mustard, but its effects can be treated and most exposed people recover. Immediate decontamination reduces symptoms. People who have been exposed to large amounts of sulfur mustard will need to be treated in a hospital.

Are any future health effects likely to occur?

Adverse health effects, such as chronic respiratory diseases, may occur from exposure to high levels of these agents. Severe damage to the eyes and skin may be present for a long time following the exposure.

What tests can be done if a person has been exposed to sulfur mustards?

There are no routine tests to determine if someone has been exposed to sulfur mustard. Thiodiglycol (a break-down product of mustard) may be detected in the urine up to 2 weeks following exposure; however, this test is available only in several specialized laboratories.

Where can more information about sulfur mustards be found?

More information about sulfur mustard can be obtained from your regional poison control center; the Agency for Toxic Substances and Disease Registry (ATSDR); your doctor; or a clinic in your area that specializes in toxicology or occupational and environmental health. Ask the person who gave you this form for help locating these telephone numbers.

Follow-up Instructions

Keep this page and take it with you to your next appointment. Follow *only* the instructions checked below.

[] Call your doctor or the Emergency Department if you develop any unusual signs or symptoms within the next 24 hours, especially:

- coughing, wheezing, shortness of breath, or discolored sputum
- increased pain or discharge from injured eyes
- increased redness, pain, or a pus-like discharge from injured skin
- fever or chills

[] No follow-up appointment is necessary unless you develop any of the symptoms listed above.

[] Call for an appointment with Dr._____ in the practice of . When you call for your appointment, please say that you were treated in the Emergency Department at _____ Hospital by _____ and were advised to be seen again in ____days.

[] Return to the Emergency Department/Clinic on _____(date) at ____AM/PM for a follow-up examination.

[] Do not perform vigorous physical activities for 1 to 2 days.

[] You may resume everyday activities including driving and operating machinery.

[] Do not return to work for _____days.

[] You may return to work on a limited basis. See instructions below.

[] Avoid exposure to cigarette smoke for 72 hours; smoke may worsen the condition of your lungs.

[] Avoid drinking alcoholic beverages for at least 24 hours; alcohol may worsen injury to your stomach or have other effects.

[] Avoid taking the following medications:

[] You may continue taking the following medication(s) that your doctor(s) prescribed for you:

[] Other instructions: _____

Provide the Emergency Department with the name and the number of your primary care
physician so that the ED can send him or her a record of your emergency department
visit.

You or your physician can get more information on the chemical by contacting:
 ______or____, or by checking out the following
 Internet Web sites: ______;____.

Signature of patient _____ Date _____

Signature of physician _____ Date _____