Phosphorus trichloride (PCI₃)

Information and recommendations for patients

- Reacts with water to form hydrogen chloride. Patients exposed only to hydrogen chloride gas (boiling point –85°C, -121°F, respectively) do not pose a significant risk of secondary contamination. Patients whose clothing or skin is contaminated with phosphorus trichloride can cause secondary contamination of rescue and medical personnel by direct contact or through off-gassing hydrogen chloride.
- Liquid phosphorus trichloride causes skin burns/redness and pain. May lead to formation of blisters.
- Hydrogen chloride gas is rapidly corrosive when it comes in contact with moist tissue such as the eyes, skin, and upper respiratory tract causing eye irritation, coughing, chest pain and dyspnea. Swelling of the throat and accumulation of fluid in the lungs (shortness of breath, cyanosis, expectoration, coughing) may occur.
- There is no antidote to be administered to counteract the effects of phosphorus trichloride/hydrogen chloride. Treatment consists of supportive measures.

Substance information	Phosphorus trichloride (PCI ₃), CAS 7719-12-2 Synonyms: phosphorus trichloride, phosphoric chloride, PCL3 At room temperature phosphorus trichloride is a colorless to slightly yellow liquid with a sharp or pungent odor. On exposure to air dense white vapor is formed, due to condensation with atmospheric moisture. In contact with moisture, it forms hydrogen chloride. The vapor formed is corrosive. Phosphorus trichloride is available as an aqueous solution or gas (hydrogen chloride). Phosphorus trichloride is used as a precursor for production of pesticides, gasoline additives, plasticizers, dyes, and textile finishing agents.
What immediate health effects can result from exposure to phosphorus trichloride/hydrogen chloride?	Most exposures to phosphorus trichloride occur from breathing hydrogen chloride gas formed with moisture. Exposure to low concentrations usually causes eye, nose, and throat irritation with tearing and lacrimation of the eyes, sore throat and coughing. High and extended exposure can cause severe breathing difficulty, which may lead to chemical pneumonia and death.
Are any future health effects likely to occur?	A single small exposure to hydrogen chloride from which a person recovers quickly is not likely to cause delayed or long-term effects. Some persons who have had serious exposures have developed permanent breathing difficulty and tend to develop lung infections easily.

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 or wheezing
 - difficulty breathing or shortness of breath
 - increased pain or a discharge from exposed skin or eyes
 - chest pain or tightness
- () 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; alcohol may worsen your clinical conditions.
- () Avoid taking the following medications:
- () You may continue taking the following medication(s) that your doctor(s) prescribed for you:
- () Other instructions:

Signature of patient	 Date _	
Signature of physician	 Date _	



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References

BASF Chemical Emergency Medical Guideline. BASF SE/BASF Corporation, 2013; Hydrogen Chloride, Code: E005.

Berufsgenossenschaft der chemischen Industrie, Hrsg. Reizende Stoffe / Ätzende Stoffe. Heidelberg: Jedermann-Verlag, 1992. (Merkblätter für gefährliche Arbeitsstoffe; M 004.)

Buttgereit F, Dimmeler S, Neugebauer E, Burmester GR. Wirkungsmechanismen der hochdosierten Glucocorticoidtherapie. Dtsch Med Wschr 1996; 121: 248-252.

Diller WF. Anmerkungen zum Unglück in Bhopal. Dtsch Med Wschr 1985; 110: 1749-1751.

HAZARDTEXT[®], Thomson Reuters, Inc., 2015; Hazard Management: Phosphorus Trichloride.

HSDB (Hazardous substances Databank), NLM, NIH, 2007; Phosphorus Trichloride, #1031.

HAZ-MAP, NLM, NIH, 2015; Phosphorus trichloride.

MEDITEXT[®], Thomson Reuters, Inc., 2015; Medical Management: Phosphorus Trichloride.

NIOSH HOME, International Chemical Safety Cards (ICSC), 2015; Phosphorus Trichloride.

Foncerrada G et al, Safety of Nebulized Epinephrine in Smoke Inhalation Injury, J Burn Care Res 2017;38:396–402

Walker PGF et al, Diagnosis and management of inhalation injury: an updated review, Critical Care (2015) 19:351

Olasveengen TM, Semeraro F, et. Al: European Resuscitation Council Guidelines 2021: Basic Life Support. Resuscitation 2021, 161: 98-114