Nitrogen dioxide (NO₂)

Information and recommendations for patients

- Patients whose clothing or skin is contaminated with nitrogen dioxide can cause secondary contamination of rescue and medical personnel by direct contact or through its vapor.
- Nitrogen dioxide and its vapor are rapidly corrosive when they come in contact with tissues such as the eyes, skin, and upper respiratory tract causing irritation, burns, coughing, chest pain and dyspnea. Swelling of the throat and accumulation of fluid in the lungs (shortness of breath, cyanosis, expectoration, cough) may occur.
- Ingestion of nitrogen dioxide can cause severe corrosive injury to the lips, mouth, throat, esophagus, and stomach.
- There is no antidote to be administered to counteract the effects of nitrogen dioxide. Treatment consists of supportive measures.

Substance information

Nitrogen dioxide (NO₂), CAS 10102-44-0

Synonyms: dinitrogen tetroxide, nitrogen peroxide, and NTO. Nitrogen dioxide is a colorless to yellow liquid at room temperature. Above 21°C (70°F) it is a gas. The concentrated gas has a dark violet to black color; when rarefied it becomes reddish-brown to yellow. Nitrogen dioxide has an irritating sharp odor at concentrations of 1-5 ppm. Upon contact with water it forms nitric acid. Nitrogen dioxide itself is nonflammable, but it can increase the flammability or cause the spontaneous combustion of other materials.

Nitrogen dioxide is formed naturally when fossil fuels like coal, oil or gas are burned and when stored grain ferments in storage silos. It is also part of airborne smog. Nitrogen dioxide is released in the reaction between nitric acid and any organic material. It is also formed whenever nitric acid acts upon metals, as in bright dipping, pickling, and etching.

What immediate health effects can result from exposure to nitrogen dioxide?

Exposure to small amounts of vapor usually causes eye, nose, and throat irritation with tearing of the eyes, sore throat and coughing. Extended exposure can cause severe breathing difficulty, which may lead to chemical pneumonia and death. Deep burns of the skin and mucous membranes may be caused by contact with liquid nitrogen dioxide; sometimes yellowing of the skin results. Severe eye burns with clouding of the surface, perforation of the globe, and ensuing blindness may occur from exposure to nitrogen dioxide.

Are any future health effects likely to occur?

A single small exposure from which a person recovers quickly is not likely to cause delayed or long-term effects.

Some people who have had serious inhalation exposures have developed permanent breathing difficulty and tended to develop lung infections easily.

Reviewed: 2022 Code: E019-007



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:
<i>(</i>)	
()	Other instructions:
Siç	gnature of patient Date
Sic	gnature of physician Date





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References

Berufsgenossenschaft der chemischen Industrie, Hrsg. Salpetersäure / Stickstoffoxide. Heidelberg: Jedermann-Verlag, 1987. (Merkblätter für gefährliche Arbeitsstoffe; M 014.)

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.

Ellenhorn MJ, Schonwald S, Ordog G, Wasserberger J. Ellenhorn's Medical Toxicology: Diagnosis and Treatment of Human Poisoning. 2nd ed. Baltimore: Williams & Wilkins, 1997: 1461.

Goldfrank LR, Flomenbaum NE, Lewin NA, Weisman RS, Howland MA, Hoffman RS. Toxicologic Emergencies. 6th ed. Norwalk: Appleton & Lange, 1998: 1192, 1194, 1526, 1531.

Grant WM, Schuman JS. Toxicology of the Eye. 4th ed. Springfield: Charles C Thomas Publisher, 1993: 1049-1050.

Micromedex, Inc.: Tomes CPSTM Medical Management: Nitrogen Oxides, 1996.

Thiess AM, Schmitz T. Gesundheitsschädigungen und Vergiftungen durch Einwirkung von Reizstoffen auf die oberen und mittleren Atemwege. Sichere Arbeit 1969; 3/69: 11-18.

U.S. Department of Health & Human Services - Agency for Toxic Substances and Disease Registry, ed. Nitrogen Oxides. Atlanta, 1994. (Managing Hazardous Materials Incidents; vol III.)

Yockey CC, Eden BM, Byrd RB. The McConnell Missile Accident – Clinical Spectrum of Nitrogen Dioxide Exposure. J Am Med Assoc 1980; 244: 1221-1223.

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



