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**NATIONAL OCCUPATIONAL HEALTH STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GBZ 80-2002

**Diagnostic Criteria of Occupational Acute Monomethylamine
Poisoning
(English Translation)**

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Foreword

Article 6.1 of this standard is recommended and the remainder is mandatory.

According to the "People's Republic of China Occupational Disease Prevention Law" to develop this standard. Since the implementation of the standard date, the original standard GB 17056-1997 inconsistent with this standard, the standard shall prevail.

In contact with a methylamine in the professional activities, can cause acute monomethylamine poisoning. To protect the physical health of monomethylamine contacts, to facilitate its poisoning prevention and control work, the development of this standard.

Appendix A to this standard is an informative appendix.

This standard is proposed and centralized by the Ministry of Health of the People's Republic of China.

This standard by the Shanghai Chemical Industry and Disease Prevention and Control Hospital is responsible for drafting, Shangrao District of Jiangxi Province Health Bureau, Shangrao District People's Medical Hospital, Shangrao City First People's Hospital, Shangrao County People's Hospital, Shanghai Railway Bureau Shangrao Railway Hospital to participate in the drafting.

This standard is interpreted by the Ministry of Health of the People's Republic of China.

Diagnostic criteria for occupational acute monomethylamine poisoning Occupational acute monomethylamine poisoning is in the short-term occupational activities inhalation of a large amount of monomethylamine gas, causing the respiratory system Damage as the main performance of the systemic disease, often accompanied by eye and skin burns.

1 Scope

This standard specifies the diagnostic criteria and principles of occupational acute methamine poisoning.

This standard applies to the diagnosis and treatment of occupational acute methamine poisoning, non-occupational acute monomethylamine poisoning can also refer to carried out.

2 Normative reference standard

The terms of the following documents are hereby incorporated by reference into this standard. Any date that references the date of the document all subsequent amendments (excluding corrigenda) or revisions do not apply to this standard, however, the parties to the agreement are able to use the latest version of these documents. Those who do not mind the date of the reference file, its latest the version applies to this standard.

GBZ 51 Occupational chemical skin burns diagnostic criteria GBZ 54 Occupational chemical eye burns diagnostic criteria Identification of Occupational Injury and Occupational Disease Disability in Staff and Workers GB/T 16180

3 Diagnostic principles

According to the exact history of exposure to methylamine, the typical clinical manifestations of acute respiratory system damage, chest X-ray performance, Combined with blood gas analysis and other test results, refer to the scene of labor hygiene survey data, comprehensive analysis, and exclude other causes Caused by similar diseases, can be diagnosed.

4 Stimulus response

After exposure to a transient eye and upper respiratory tract irritation symptoms, no positive signs of the lungs, chest X-ray examination no abnormal hair Now.

5.1 Mild poisoning

Eye and upper respiratory tract irritation, conjunctiva, pharyngeal hyperemia, edema; once to twice the inspiratory dyspnea of the laryngeal edema; chest X system performance in

line with acute tracheal - bronchitis or bronchial inflammation.

5.2 Moderate poisoning

Those who have one of the following conditions can be diagnosed as moderate poisoning.

- a) laryngeal edema with three degrees of inspiratory dyspnea;
- b) chest X-ray performance in line with acute bronchial pneumonia or interstitial pulmonary edema.

Blood gas analysis often mild to moderate hypoxemia.

5.3 Severe poisoning

Where any of the following circumstances, can be diagnosed as severe poisoning.

- a) suffocation due to severe laryngeal edema or bronchial mucosal necrosis;
- b) chest X-ray performance in line with alveolar pulmonary edema;
- c) acute respiratory distress syndrome (ARDS);
- d) sudden death;
- e) complicated by severe pneumothorax, mediastinal emphysema, subcutaneous emphysema or atelectasis.

Blood gas analysis often severe hypoxemia.

5.4 Eye or skin burns

Light, moderate and severe acute poisoning can be associated with eye or skin burns, the diagnostic grading with reference to GBZ 54 or GBZ 51.

6.1 Principles of treatment

6.1.1

Field processing. Immediately move away from the site to the upper windward zone, remove contaminated clothing, and immediately use a lot of mobile clear Water thoroughly rinse contaminated skin, eye rinse time for at least 10 min. Stimulate the responders need bed rest, generally close observation 48 h, and give the necessary inspection and treatment.

6.1.2

to keep the airway open, can be given inhalation of drugs, bronchial antispasmodic agents, to defoamers (such as 10% dimethyl Silicone oil). If necessary, should be done early tracheotomy. Pay attention to postural drainage, encourage patients to emit necrotic

mucosal tissue.

6.1.3

Reasonable oxygen therapy. According to the disease to choose the appropriate oxygen method, inhalation oxygen concentration (FiO_2) should not exceed 60%. Companion There is acute carbon dioxide retention, while actively improving the ventilation at the same time, given the regulation of oxygen concentration, so that oxygen saturation (SaO_2) More than 90%; if inhalation of high concentrations of oxygen, can be given positive pressure ventilation (PEEP), PEEP pressure less than 0.49 kPa (5 cmH₂O).

6.1.4

early, adequate, short-term application of glucocorticoids, moderate and severe poisoning can be combined with scopolamine drugs.

6.1.5

early strict limit of the amount of fluid, control infusion rate, to maintain urine output greater than 30 mL/h if necessary, plus diuretic Agent. Correct acid, alkalosis and electrolyte imbalance.

6.1.6

active prevention and treatment of complications.

6.1.7

eye, skin burn treatment, refer to GBZ 54 or GBZ 51.

6.2 Other treatments

Mild, moderate poisoning treatment after short-term rest, health recovery can be arranged after the original work; severe poisoning should be transferred from the original work, and according to the situation of health recovery to decide to rest or arrange work; if sequelae, refer to GB/T 16180 of the relevant articles Processing.

7 Correctly use the instructions in this standard

See Appendix A (informative).

Appendix A

(Informative)

Correctly use the instructions in this standard A.1 monomethylamine aqueous solution can be gasified in the form of gas through the respiratory tract inhalation, so this standard is also applicable to the aqueous solution of methylamine Due to skin burns associated with inhalation poisoning.

A.2 Aminoamine acute poisoning laryngeal edema caused by inspiratory dyspnea at four