

ICS 13.100
CCS C 60



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

GBZ 86-2002

**Diagnostic Criteria of Occupational Acute 1, 1 --
Dimethylhydrazine Poisoning
(English Translation)**

Issued on: April 8, 2002

Implemented on: June 1, 2002

Issued by: the Ministry of Health of the People's Republic of China

Table of Contents

Foreword
1 Scope
2 Normative reference documents
3 Diagnostic principles
4 Contact reaction
5 Diagnostic and grading standards
5.1 Mild poisoning
5.2 Severe poisoning
6 Principles of handling
6.2 Other treatments
7 Correctly use the instructions in this standard

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.

Dimethylhydrazine is an important defense industry chemical raw materials. In the professional activities of di-methyl hydrazine, can cause acute Partial methyl hydrazine poisoning. In order to protect the body health of the contact with dimethylhydrazine, it is effective to prevent acute dimethylhydrazine poisoning.

Fixed standard.

Appendix A to this standard is an informative appendix and Appendix B is a normative appendix.

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

1 Scope

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

This standard is applicable to the diagnosis and treatment of acute poisoning caused by exposure to dimethyl hydrazine in occupational activities. Non - occupational acute Partial

methyl hydrazine poisoning can also refer to the implementation.

2 Normative reference documents

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.

Diagnostic criteria for occupational toxic liver disease Identification of Occupational Injury and Occupational Disease Disability in Staff and Workers GB/T 16180

3 Diagnostic principles

According to a short period of time inhalation or skin contamination of a large number of professional history of dimethyl hydrazine, combined with central nervous system damage and the clinical manifestations of liver damage, reference to on-site labor hygiene survey data, comprehensive analysis, and exclude other causes due to similar Disease, can be diagnosed.

4 Contact reaction

One of the following.

- a) contact with dimethyl hydrazine after a transient eye and upper respiratory tract irritation symptoms, followed by dizziness, headache, Fatigue, nausea and other symptoms, no positive neurological examination found.
- b) skin pollution may have burning sensation, local swelling and other performance.

5.1 Mild poisoning

There are obvious dizziness, headache, fatigue, insomnia, nausea, vomiting, loss of appetite and other symptoms, and one of the following circumstances by.

- a) Excitement, irritability, limb twitching;
- b) Complies with acute mild toxic liver disease.

5.2 Severe poisoning

Systemic paroxysmal tonic spasm;

6 Principles of handling

6.1 Principles of treatment

6.1.1

Polyethylene hydrazine poisoning should be quickly removed from the scene, moved to fresh air, remove the contaminated clothing.

6.1.2

body surface contamination of liquid dimethyl hydrazine, immediately rinse with water.

6.1.3

poisoning patients, according to the severity of the disease, to be effective antidote vitamin B6 treatment.

6.1.4

symptomatic supportive care.

- a) antispasmodic;
- b) correct acid and alkali balance and electrolyte imbalance;
- c) Liver treatment.

6.2 Other treatments

Acute mild poisoning patients in a few days to recover, after recovery can restore the original work. Severe poisoning patients after active treatment can also be fully restored. A small number of patients after the rescue, the symptoms of convalescence must be repeated, according to the test results, reference GB/T 16180 of the relevant provisions of the deal.

7 Correctly use the instructions in this standard

See Appendix A (informative).

Appendix A

(Informative)

Correctly use the instructions in this standard AI skin small area of pollution can be scrubbed with 2.5% iodine to iodine does not fade so far.

A.2 mild poisoning in the limb convulsions refers to a short period of limb spasms, upper and lower extremity convulsions can be unilateral, but also bilateral, Unconscious. Severe poisoning of systemic paroxysmal tonic spasm similar to the performance of epileptic seizures.

A.3 After the addition of dimethylhydrazine to the human body, it binds to vitamin B6 and pyridoxal 5-phosphate to form a hydrazone. While vitamin B6 and 5-phosphate Acid pyridoxal is a coenzyme of glutamate dehydroxylase and gamma-aminobutyric acid transaminase. Brain of these two kinds of enzyme activity decreased, can cause gamma-amino Butrogenic acid production is reduced, so that the central nervous system in an excited state, leading to spasm. So commonly used in dimethyl hydrazine poisoning Special effects antidote vitamin B6 for treatment.

A.4 use of vitamin B6 according to the severity of the disease, the first intravenous injection of vitamin B6 1.0 ~ 5.0g, if more than spasm, and then repeated static Pulse injection of 0.5 ~ 1.0g, and then changed to intravenous infusion, every 30 min to 1h 0.5 g. General dosage 10g/d, up to 35g/d.

In the course of spasm onset, can also use phenobarbital, stability and other spasmodic drugs, the effect is better. Hydrazine, monomethyl hydrazine spasm for this time, according to this program using vitamin B6 treatment.