

was found, while nausea, shortness of breath, and loss of consciousness did not show this correlation. The authors corrected the measured COHb level for the delay between exposure and the drawing of blood samples and reported a corrected mean COHb of $20.7 \pm 7.0\%$.

Ely et al. (1995) reported a poisoning incident in a warehouse of a small sewing company. A propane-fueled forklift was in use in the warehouse in which a total of 30 people worked. The forklift was parked in a position where its exhaust focused directly into an air intake duct that communicated with a vent opening above a table in the inspection and packing area, where five people worked. On the day of the incident, one man reported pronounced nausea, vomiting, dizziness, and had a tonic-clonic seizure. Simultaneously, other coworkers developed chest pain and dyspnea. The warehouse was evacuated immediately. Air CO measurements were 386 ppm in the sewing area and 370 ppm in an unrelated work area. Thirty persons treated for CO exposure had complaints of severe headaches (93%), dizziness (63%), weakness (63%), nausea (60%), chest pain or tightness (57%), shortness of breath (50%), vomiting (37%), abdominal pains (33%), muscle cramping (30%), difficulty concentrating (23%), visual changes (20%), and confusion (17%). Twenty-six patients had expiratory CO analyses after being treated with 100% oxygen for over 2 h. Expiratory CO was higher in those from the inspection and packing area ($21.1 \pm 0.7\%$ versus $8.4 \pm 4.8\%$). These persons were among the most severely ill. The authors extrapolated the mean expiratory CO concentration of 21.1% back to a COHb of about 35% at the end of exposure. Two years after the incident, followup was obtained for 25 (83%) of the patients: 11 (44% of those reached) reported seeing physicians for persisting symptoms (numbness in arms or legs, 36%; restlessness, 36%; persistent headaches, 32%; irritable or violent behavior, 16%; confusion, 16%; incontinence, 16%; difficulty walking or moving arms/legs, 16%; memory loss, 16%; difficulty speaking, 4%).

Sokal and Kralkowska (1985) analyzed 39 patients (18 men, 21 women) that were hospitalized for acute CO poisoning. 25 patients were intoxicated by household gas and 14 patients by coal-stove gas. The patients' ages ranged from 13 to 78 years. The duration of the poisoning varied between 1 and 14 h and was established on the basis of an epidemiologic review of the circumstances of poisoning. The severity of poisoning evaluated on admission to hospital according to the clinical criteria presented in Table 2-7. On basis of the clinical criteria, 16 cases were classified as degree I, 12 as degree II, 8 as degree III, and 4 as degree IV. For statistical analysis the mild and moderate cases (I and II) were pooled into one group and the severe and very severe cases (III and IV) into another. Results presented in Table 2-8 show that mean COHb in severe and very severe poisonings were only slightly higher (not statistically significant) than those in the mild and moderate group. On the other hand, the average duration of exposure that induced severe or very severe poisonings was about twice as long as that associated with mild and moderate poisonings. In the severe and very severe