Chlorine
Patient Information Sheet

This handout provides information and follow-up instructions for persons who have been exposed to chlorine.

What is chlorine?
Chlorine is a yellowish-green gas with a sharp, burning odor. It is used widely in chemical manufacturing, bleaching, drinking-water and swimming-pool disinfecting, and in cleaning agents. Household chlorine bleach contains only a small amount of chlorine but it can release chlorine gas if mixed with other cleaning agents.

What immediate health effects can be caused by exposure to chlorine?
Even small exposures to the gas may cause immediate burning of the eyes, nose, and throat, and shortness of breath, as well as coughing, wheezing, shortness of breath, and tearing of the eyes. However, once exposure is stopped, symptoms usually clear up quickly. Breathing large amounts of chlorine may cause the lining of the throat and lungs to swell, making breathing difficult. Generally, the more serious the exposure, the more severe the symptoms.

Can chlorine poisoning be treated?
There is no antidote for chlorine, but its effects can be treated and most exposed persons get well. Persons who have experienced serious symptoms may need to be hospitalized.

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. After a serious exposure, symptoms may worsen for several hours.

What tests can be done if a person has been exposed to chlorine?
Specific tests for the presence of chlorine in blood or urine generally are not useful to the doctor. If a severe exposure has occurred, blood and urine analyses and other tests may show whether the lungs, heart, or brain has been injured. Testing is not needed in every case.

Where can more information about chlorine be found?
More information about chlorine can be obtained from your regional poison control center, your state, county, or local health department; the Agency for Toxic Substances and Disease Registry (ATSDR); your doctor; or a clinic in your area that specializes in occupational and environmental health. If the exposure happened at work, you may wish to discuss it with your employer, the Occupational Safety and Health Administration (OSHA), or the National Institute for Occupational Safety and Health (NIOSH). Ask the person who gave you this form for help in locating these telephone numbers.
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, shortness of breath, or chest pain
- increased pain or a discharge from injured eyes
- increased redness or pain or a pus-like discharge in the area of a skin burn

[ ] 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 for at least 24 hours; alcohol may worsen injury to your stomach or have other effects.
[ ] Avoid taking the following medications: __________________________
[ ] You may continue taking the following medication(s) that your doctor(s) prescribed for you: _______

[ ] Other instructions: __________________________________________________________________________________________
__________________________________________________________________________________________________

- Provide the Emergency Department with the name and the number of your primary care physician so that the ED can send him or her a record of your emergency department visit.

- You or your physician can get more information on the chemical by contacting: ____________________________
  ______________________ or ____________________________, or by checking out the following Internet Web sites: ____________________________; ____________________________.

Signature of patient ____________________________ Date __________________

Signature of physician ____________________________ Date __________________