Xylene
Patient Information Sheet

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

What is xylene?
When pure, xylene is a clear, colorless liquid with a sweet odor. It burns readily. Xylene is obtained from crude petroleum and is used widely in many products such as paints, glues, and pesticides. It is found in small amounts in gasoline.

What immediate health effects can be caused by exposure to xylene?
Breathing xylene vapors in small amounts can cause headache, dizziness, drowsiness, and nausea. With more serious exposure, xylene can cause sleepiness, stumbling, irregular heartbeat, fainting, or even death. Xylene vapors are mildly irritating to the skin, eyes, and lungs. If liquid xylene is held against the skin, it may cause burning pain. Liquid xylene splashed in the eyes can damage the eyes. Generally, the more serious the exposure, the more severe the symptoms.

Can xylene poisoning be treated?
There is no antidote for xylene, 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, some symptoms may take a few days to develop. Repeated sniffing of xylene can cause permanent damage to the brain, muscles, heart, and kidneys.

What tests can be done if a person has been exposed to xylene?
Specific tests for the presence of xylene in blood and urine generally are not useful to the doctor. Methylhippuric acid, a metabolite of xylene, may be measured in urine if the xylene dose was high. If a severe exposure has occurred, blood and urine analyses and other tests may show whether the brain, heart, or kidneys have been injured. Testing is not needed in every case.

Where can more information about xylene be found?
More information about xylene can be obtained from your regional poison control center; the 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
  - shortness of breath or wheezing
  - chest pain or tightness
  - increased pain or a discharge from exposed eyes
  - increased redness or pain or a pus-like discharge in the area of a skin burn
  - fever

[ ] 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 ______________