



Poison HOTLINE

1-800-222-1222

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Did you know

When compared to substances such as alcohol, tobacco, cannabis, and opioids, inhalant use disorder is reported less frequently. However, it is important to recognize that not only does inhalant use disorder exist, if left undiagnosed or untreated, outcomes can be equally devastating as any other substance use disorder.

People who use inhalants recreationally may refer to their use by a variety of terms: “huffing”, “bagging”, “spraying”, “ballooning”, “dusting”, and “sniffing” are just a few terms associated with inhalant use.

Clinical effects vary based on the substance in question. Call the IPCC early to consult with our specially trained nurses, pharmacists, and medical toxicologists any time, day or night, at **1-800-222-1222**.

Whippets: N₂O Laughing Matter

Whippets, or “laughing gas,” refer to the recreational inhalation of nitrous oxide (N₂O) from cylinders designed for whipped cream dispensers. People who use nitrous oxide typically inhale the gas directly from whipped cream dispensers or transfer it to balloons prior to inhalation. This dangerous trend has gained popularity through social media platforms and party scenes. While utilized clinically as an anesthetic and in food aerosols as a propellant, nitrous oxide is a central nervous system depressant that poses a significant risk of asphyxiation by displacing oxygen in the lungs. Inhalation can lead to euphoria and sedation, but it may also cause respiratory depression, seizures, and death.

The addictive and emetic properties of the gas are linked to its role as a partial agonist at receptors within the endogenous opioid system. Furthermore, nitrous oxide oxidizes cobalt in vitamin B12, rendering the vitamin biologically inactive. This creates a state of functional deficiency that can lead to myeloneuropathy, characterized by weakness, ataxia, and persistent numbness or tingling in the extremities. Early intervention and cessation can possibly reverse some symptoms, but with continued use symptoms could become permanent.

Treatment focuses on the administration of supplemental oxygen, which typically leads to rapid recovery once exposure ends. Medical professionals should prioritize monitoring vital signs, neurologic status, and cardiac function, as dysrhythmias may indicate a poor prognosis. Diagnostic evaluation often includes measuring methylmalonic acid (MMA) and homocysteine levels, which serve as markers for toxicity even when vitamin B12 levels appear normal. If neurologic symptoms persist, an MRI of the spine is indicated to assess for damage. Be aware that nitrous oxide is stored under pressure and rapidly cools upon release; mishandling containers can cause frostbite injuries to the face and extremities.

Cessation of further N₂O use is key. Intramuscular or oral vitamin B12 replacement can be administered to patients with a deficiency caused by chronic nitrous oxide use. Users may also benefit from addiction management services such as therapy, counseling, and support groups during recovery.

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