**Supplementary Material**

**APPENDIX**

Table 1S. Factors that are potentially useful in the assessment of patients in an MPO

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| --- |
| History * Known exposure to methanol
* Suspected methanol exposure based on collateral history, for example poisoned contacts
* Suspected methanol exposure based on the context, for example during an MPO
 |
| Clinical features * Decreased level of consciousness
* New onset visual disturbances
* Increased respiratory rate
* Mydriatic pupils unresponsive to light
* Seizure
 |
| Laboratory analyses* Blood gas (pH, pCO2, bicarbonate, base excess/base deficit, lactate)
* Anion gap
* Osmol gap (accounting for the contribution of ethanol)
* Serum methanol concentration
* Serum formate concentration
 |
| Imaging* Cerebral CT and MRI scanning can support the diagnostic and prognostic evaluation, but the availability of these modalities may be limited, and objective findings may be delayed (especially as regards to CT), and/or detection may require specific expertise.
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Table 2S. Clinical scenarios of differing degrees of methanol poisoning

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scenario | Level of consciousness | Blood pH | Blood pCO2 | Visual disturbances | Serum methanol concentration  |
| A | Comatose\* | pH ≥7.00 |  |  |  |
| B | Comatose\* | 6.74 < pH < 6.99 | < 23 mmHg (3.07 kPa) |  |  |
| C | Comatose\* | 6.74 < pH < 6.99 | ≥ 23 mmHg (3.07 kPa) |  |  |
| D | Comatose\* | pH < 6.74 |  |  |  |
| E | Alert | pH ≥ 7.00 |  | Present |  |
| F | Alert | pH ≥ 7.00 |  | Absent |  |
| G | Alert | 6.74 < pH < 6.99 |  | Present |  |
| H | Alert | 6.74 < pH < 6.99 |  | Absent |  |
| I | Alert | pH < 6.74 |  | Present |  |
| J | Alert | pH < 6.74 |  | Absent |  |
| K | Alert | Normal pH |  | Absent | >50 mg/dL (>15.6 mmol/L) |

\*GCS <8