Information and recommendations for patients

- Patients exposed only to N-Methylpyrrolidone vapor do not pose a significant risk of secondary contamination. Patients whose clothing or skin is contaminated with liquid N-Methylpyrrolidone (boiling point 202°C, 395.6°F, respectively) can secondarily contaminate rescue and medical personnel by direct contact or evaporation of N-Methylpyrrolidone.

- N-Methylpyrrolidone is irritating when it comes in contacts with the skin, eyes, nose and throat and at high exposures may cause systemic effects.

- There is no antidote to be administered to counteract the effects of N-Methylpyrrolidone. Treatment consists of supportive measures.

Substance information

N-Methylpyrrolidone (C₅H₉NO), CAS 872-50-4.

Synonyms: N-Methylpyrrolidinone, 1-Methyl-2-pyrrolidone, 1-Methylazacyclopentan-2-one, M-Pyrol, NMP.

N-Methylpyrrolidone is, at room temperature, a clear, colorless liquid with a boiling point of 202°C, 395.6°F, respectively. The liquid is poorly flammable. N-Methylpyrrolidone has a fish-like odor. It is miscible with water and common organic solvents. Carbon monoxide and nitrogen oxides may be released in a N-Methylpyrrolidone fire. N-Methylpyrrolidone is a slightly volatile organic solvent for chemicals and resins in the microelectronics and pharmaceutical industries. It replaces other solvents, e.g. for paint stripping and lube oil extraction; it is used as a solvent for pesticides, coatings, adhesives, dyes, pigments, polymers, and polyurethane foam cleanup.

What immediate health effects can result from exposure to N-Methylpyrrolidone?

Most exposures to N-Methylpyrrolidone occur by inhaling the vapor. Exposure to small amounts usually irritate the eyes, skin, nose and throat and causes disturbance of the general well-being. High doses may cause central nervous depression and alterations of the liver, kidneys and the blood cells.

Are any future health effects likely to occur?

A single small inhalation exposure from which a person recovers quickly is not likely to cause delayed or long-term effects. Some people who have had serious inhalation exposures may develop airways effects.
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, wheezing, difficulty breathing or shortness of breath
- chest pain or tightness
- increased pain or a discharge from exposed skin or eyes
- headache, nausea, dizziness

( ) 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 3 days; smoke may worsen the condition of your lungs.

( ) Drinking of alcoholic beverages is forbidden for at least three days; alcohol worsen your clinical conditions.

( ) Avoid taking the following medications: _______________________________________
______________________________________________________________________

( ) You may continue taking the following medication(s) that your doctor(s) prescribed for you:
______________________________________________________________________
______________________________________________________________________

( ) Other instructions: _______________________________________________________
______________________________________________________________________

Signature of patient  __________________________  Date  _____________________
Signature of physician  __________________________  Date  _____________________
References


