

# "My Child Just Ate My Medicine" What to Do?

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### Learning Objectives

At the completion of this activity, the participant will be able to:

- 1. Identify the most common agents (pharmaceutical and non-pharmaceutical) involved in unintentional poisonings.
- 2. Describe the key elements, importance, and process in obtaining the history of a poisoning exposure.
- 3. Counsel / advise patients on the proper course of action / first aid treatment for a possible poisoning emergency.
- 4. Explain the role, purpose and function of a Regional Poison Control Center.



### Where do questions come from?

•Calls from patients / customers?

"Walk-in" patients / customers?

•Clinical surveillance



### Questions You've Had or Heard

- Acute exposures
  - Ingestions, dermal, ocular, bites / stings
- Chronic exposures
- Interactions / side effects
- latrogenic exposures
- Medication errors / misfills
- Overdose / Lethal Dose?



#### National Poison Center Hotline

1-800-222-1222



#### Where did you learn about Poisoning / Toxicology?

- Parents
- Grandparents
- Pharmacists
- Pharmacy Tech Program
- CE Conferences



•A 3-year-old girl swallows a mouthful of household bleach. The patient is crying.







•A 29-year-old man accidentally swallowed one-half ounce of a windshield washer solution, containing "methanol 99%" several minutes ago. The patient is fine.





•An 18-month-old boy eats ½ of a Poinsettia flower (Christmas plant) about 5 minutes ago. The patient is fine.





•A healthy 24-year-old woman is stung by a scorpion on her hand. It is stinging quite a bit and is red and slightly swollen.







•During a holiday party, a 3-year-old boy samples an unknown amount of a spiked punch approximately 30 minutes ago. The appears to be "drunk".





•A 5-year-old boy has given 25-Flintstone Chewable Multiple Vitamins (without iron) to his 3-year-old brother. The ingestion occurred two hours ago and the patient has a slight upset stomach.





•A 3-year-old has eaten half of a small package that was in a shoe box...it is labeled: "Silica Gel-Do Not Eat". It has a "skull and cross bones" on it.





•A 2-year-old boy has eaten 4- Lomotil® (diphenoxylate/atropine) approximately three hours ago. The patient is doing fine.







•A 14-month-old girl was found nibbling on her grandmother's blood pressure medicine. It is determined that ¼ of a Catapres® (clonidine) tablet is missing.





•A 12-month-old boy has chewed up two cigarettes approximately 10 minutes ago. The child is not having any problems.





•A 3-year-old boy swallowed an estimated ½-teaspoonful of gasoline 10 minutes ago. The child is coughing.







•A 5-year-old boy was accidentally given 1-teaspoonful of Oil of Wintergreen several minutes ago. The child has a slight amount of burning in his mouth.





•A 2-year-old accidentally bites off the tip of a mercury thermometer and swallows the mercury. There are no cuts or bleeding noted. The child seems fine.





•A 3-year-old girl has eaten 1- Harris Famous Roach tablet® that contains boric acid. The ingestion occurred 3 minutes ago and she is fine.





•A 14-month-old swallowed ½teaspoonful of Visine Eye Drops several minutes ago. The patient is fine.





•A little boy, approximately 20 months old, has eaten two of his grandfather's heart pills....he is not having any problems. The pills are nitroglycerin for sublingual use.





•A 65-year-old woman taking medicine in the dark, accidentally swallowed 1 tablespoonful of Campho-phenique® instead of cough syrup several minutes ago.





•A 19-month-old girl has bitten into a tube of Super Glue® and swallowed some of the glue. She is crying and upset.

Cyanoacrylate





•A 22-month-old boy has gotten into his mother's birth control pills. Mom believes that there are 10 tablets missing.





•A 3-year-old has eaten two tablespoonfuls of table salt.







### Poisoning Assessment

- What?
- •When?
- •How much?
- •Symptoms?
- •Treatment provided?
- •Age / Weight?
- •Medical history?
- •Mhy / How?



#### Grandma's Purse

The source of many pediatric exposures, many that are serious.



#### Beta-blockers

- •Examples: Inderal® (propranolol), Lopressor® (metoprolol), Visken® (pindolol), Normodyne® (labetaolol)
- •Use: Hypertension, arrhythmias, angina, migrane headaches, glaucoma
- Potentially fatal dose: 1 tablet



#### Calcium Channel Blockers

•Examples: Isoptin® (Verapamil), Cardizem® (diltiazem), Adalat® (nifedipine), Norvasc® (amlodipine)

•Use: Angina, coronary spasm, hypertension, hypertrophic cardiomyopathy

Potentially fatal dose: 1 tablet



### Cyclic Antidepressants

•Examples: Elavil® (amitriptyline), Sinequan® doxepin

•Uses: depression, migraine headaches, insomnia, nocturnal enuresis

Potentially Fatal Dose: 1 tablet



## Sulfonylureas

•Examples: Diabeta® (glyburide), Glucotrol® (glipizide)

Use: oral hypglycemic agent

Potentially fatal dose: 1 tablet



### Theophylline

•Examples: TheoDur®, Theo-Bid®, Slophyllin®

•Uses: Asthma, COPD, neonatal respiratory depression

Potentially Fatal Dose: 1 tablet or capsule



### Other Agents

- Chloroquine CNS depression, Hypotension, Ventricular dysrhythmias
- •Digoxin Vomiting, Bradycardia, Heart block, hyperkalemia
- Camphor Seizures; 100 mg/kg potentially fatal
- •Isoniazid Seizures, metabolic acidosis, Pyridoxine is antidote.
- •Benzocaine Baby Orajel®, has caused toxicity via oral and rectal administration, Methemoglobinemia
- Methylsalicylate Oil of Wintergreen
- Lindane Respiratory Depression, Seizures



### More Other Agents

- Ethanol CNS depression; hypoglycemia (may be delayed)
- Toxic Alcohols
  - Ethylene Glycol CNS depression, metabolic acidosis
  - Methanol CNS depression, metabolic acidosis, blindness
- •Nicotine Nausea, vomiting, arrhythmias, respiratory depression, bradycardia
- •Esctasy (MDMA) ½ tablet toxic in child, seizures, hyperthermia
- •Cocaine 0.1 20 mg/kg potentially fatal; seizures and arrhythmias



### Summary

- Many medications that may be harmful, deadly to a small child in very low doses.
- PALS for unstable children
- •Toxicology specific
  - Decontamination
    - Ipecac is RARE
    - Activated charcoal
  - Supportive care
  - Antidotes
- Prevention
  - Constant vigilance



#### Poison Center Statistics - 2017

- •US Poison Centers 2.6 million calls
  - 1 call every 12 seconds
- •93 percent of all human exposures reported happened in the patient's own home.
- •66 percent of all human exposures were safely managed over the telephone.
  - 1.7 million patients did not have to go the Emergency Room.
- Doctors and nurses use poison center too.
  - 24% calls to poison center were from a health care facility.

AAPCC National Poison Data System (NPDS) 2017 Annual Report



### Poison Center Statistics – 2017 (cont.)

- Common Victims
  - Children under 5 years of age
  - Less tan 1 percent of deaths
- •Teens (12-19) show higher proportion of intentional poison exposures.
  - 28 percent of teen exposures are intentional.
- Adults (Age 20 and older) make up 80 percent of all poisoning deaths.
  - Highest number of poisoning deaths is in adults age 50-59.



### Poison Center Statistics – 2017 (cont.)

- Painkillers (OTC or prescribed)
- 2. Household cleaning products such as bleach, dishwasher detergent, pest repellant and drain opener.
- 3. Cosmetics and personal care products (creams, lotions, make-up, perfume, and soap).