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## ABSTRACT OF THE SCIENTIFIC LITERATURE

## POISON TREATMENT IN THE HOME

Until recently, the American Academy of Pediatrics (AAP) and its Committee on Injury, Violence, and Poison Prevention have recommended that a 1-oz bottle of syrup of ipecac be kept in the home. This "safe" emetic was only to be used on the advice of a physician or poison control center following ingestion of a potentially poisonous substance by a young child. From its inception, this recommendation has been controversial, especially since ipecac was widely accepted and utilized prior to its efficacy and validity having been proven and established. Groups such as the American Academy of Clinical Toxicology and the European Association of Poison Centres and Clinical Toxicologists stated that the routine use of ipecac in the emergency department should be abandoned. Research has shown incomplete removal from the stomach, even when ipecac is administered immediately following the ingestion of a substance and the amount of a substance removed is inversely related to the duration of time from its ingestion to emesis. Aside from ipecac syrup's adverse effects, which include vomiting, lethargy, and diarrhea, of greater concern is its administration when not indicated. This most often results when a health care professional has not been consulted, which in one case study, involved 61% of the children treated. Intentional misuse by children with eating disorders further complicates the presence of ipecac in the home and increases the risk of inappropriate use. Activated charcoal has been suggested as an alternative to ipecac due to its effectiveness in reducing the bioavailability of ingested substances. This method is poorly accepted by young children, which results in a subtherapeutic dose. Because it is often vomited and very messy, caregiver acceptance is an issue as well. Like ipecac, charcoal may be inappropriately overused. Hence, there should be clear evidence for patient benefit before its implementation as a public health intervention.

After reviewing the evidence, the AAP believes that: (1) ipecac should no longer be used routinely as a home treatment strategy; (2) existing ipecac in the home be disposed of safely; and (3) it is premature to recommend the administration of activated charcoal in the home. The caregiver of a child who may have ingested a toxic substance should first consult immediately with a local poison control center.

**Comments:** Many practicing pediatric dentists and pediatric dental clinics continue to keep ipecac syrup in their emergency drug kit. Following this policy statement by the AAP, it would appear that "best practice" indicates ipecac's removal and safe disposal from all pediatric dental offices and clinics' emergency drug kits. The most important aspect regarding treatment of poisoning is prevention. If the ingestion of a potentially poisonous substance by a young child should occur, however, whether in the dental office or at home, the caregiver's first action should be to consult immediately with a local poison control center by calling (800) 222-1222. ET

American Academy of Pediatrics, Committee on Injury, Violence, and Poison Prevention. Poison treatment in the home. *Pediatrics*. 2003;112:1182-1185.

29 references

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