



Poison HOTLINE

1-800-222-1222

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Did you know

The “Benadryl Challenge” posted on social media encourages viewers to take large doses of the antihistamine to induce hallucinations.

An overdose of diphenhydramine, the active ingredient in Benadryl, may present with symptoms of the anticholinergic toxidrome: dry mucous membranes, dilated pupils, hyperthermia, tachycardia, dry and warm skin, flushing, hypoactive bowel sounds, urinary retention, delirium, seizures and coma. QRS prolongation can occur due to sodium channel blockade, increasing the risk of serious ventricular dysrhythmias.

To assist with surveillance of such “Benadryl Challenge” exposures in Iowa, report cases to the IPCC at **1-800-222-1222**.

Methanol in Hand Sanitizers

Hand sanitizers sold in the U.S. are supposed to contain disinfectants that have been FDA approved for topical use. These include ethanol (ethyl alcohol), isopropanol (isopropyl alcohol) and benzalkonium chloride (a detergent). Until recently, the risk from a hand sanitizer exposure was no more dangerous than exposure to other sources of ethanol, isopropanol or benzalkonium chloride.

In June 2020, the FDA first announced that some brands of hand sanitizers contain methanol (methyl alcohol). Methanol is NOT an FDA-approved topical disinfectant and products that contain methanol should never be used as hand sanitizers. Methanol IS NOT listed on the products’ labels as an ingredient. The most current list of more than 200 hand sanitizers that contain methanol can be found at <https://www.fda.gov/handsanitizerlist>.

Methanol is metabolized to formic acid which damages to the optic nerve and retina. Methanol exposures can lead to permanent blindness or death secondary to severe metabolic acidosis.

Methanol, also known as wood alcohol, is used as a solvent and is found in many products such as paints, varnishes, cleaners, antifreeze, denatured alcohol and windshield wiper fluids. Dermal and inhalation exposures can lead to significant absorption, but serious cases are rare.

Most serious methanol poisonings are the result of ingestion. Methanol is rapidly absorbed from the GI tract and has an elimination half-life up to 30 hours. Patients may initially experience inebriation, and can then develop confusion, ataxia, nausea, abdominal pain, pancreatitis, anion gap metabolic acidosis, seizures and coma. The onset of ocular toxicity and metabolic acidosis is delayed for several hours after ingestion. Visual complaints have been described as “looking into a snowstorm.”

Treatment starts with supportive care and ruling out other causes for the patient’s condition. Activated charcoal poorly binds methanol and is indicated for methanol ingestions. The specific antidote is fomepizole, a blocker of alcohol dehydrogenase. Dialysis is indicated for severe cases – severe acidosis, eye symptoms or findings, renal failure or high methanol levels. Methanol levels should be monitored after dialysis because methanol will redistribute from the tissues back into the serum.

*Cheryl Current, RN, CSPI
Certified Specialist in Poison Information*

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Hotline Editor: Edward Bottei, MD

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