



Poison HOTLINE

1-800-222-1222

December 2020



Did you know

In a 2020 SAFE Kids report, nearly half of all parents surveyed believed that child-resistant packaging meant a child would not be able to open the closed medicine container, and 1 in 3 parents agreed that it was fine to leave medicine with child-resistant packaging within sight of a child.

Poison Centers recommend storing all medicines and vitamins up and away, both out of reach and sight of young children. It is also important to teach children what medicine is and why only a trusted adult should touch and open a medicine container. Never tell a child medicine is candy, even if they don't like to take a medicine.

If a child has an accidental exposure to medicine, call Poison Help at **1-800-222-1222**.

One Pill Can Kill

This list is limited to common drugs that have the potential to be deadly when even a small dose is ingested by a child. A large number of other household items, plants and less-commonly used drugs are not included here. Children ingesting the drugs on this list need to be seen in the ER and treated promptly and aggressively.

Please call 1-800-222-1222 for specific recommendations since each situation is different and different drugs in the same category can have significantly different clinical effects.

1. **Beta Blockers** – Can cause hypotension and bradycardia; in children significant hypoglycemia may also occur. Other specific symptoms and the duration of symptoms depend on the specific drug in this class.
2. **Calcium channel blockers** – Hypotension and bradycardia are the main effects with this group of drugs. Some CCBs can cause severe hypotension but with less severe bradycardia (e.g. amlodipine).
3. **Chloroquine and hydroxychloroquine** – Symptoms including hypotension, apnea, seizures and QRS widening can occur within minutes to 2-3 hours after ingestion.
4. **Clonidine and GuanFACINE** (not to be confused with guaiFENesin) – May have initial hypertension but soon followed by bradycardia, hypotension, and CNS and respiratory depression. Onset can be rapid. In some cases, naloxone *may* reverse these effects.
5. **Nicotine** (Patches, gum, vape liquid) – Included because of its high toxicity in small amounts and easy availability. Can cause rapid onset of seizures and the cholinergic toxidrome.
6. **Opioids** – Classic toxidrome of respiratory and CNS depression with miosis. Includes all forms of fentanyl (patches, spray, lozenges, etc.) and also diphenoxylate (Lomotil), which acts as opioid.
7. **Sulfonylureas** (glipizide, glyburide, glimepiride) – Hypoglycemia can be delayed in onset and last for 24 hours or longer. Children have smaller glycogen stores so hypoglycemia can quickly become life threatening.
8. **Tricyclic antidepressants** – Can cause CNS and respiratory depression, seizures and ventricular arrhythmias.
9. **Unknown drug** ingestions also need 24-hour observation because of all the dangers on this list.

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