



# Poison HOTLINE

1-800-222-1222

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*Did you know .....*

**Physostigmine is in drug shortage for the foreseeable future.** With the current and likely prolonged shortage of physostigmine, the Iowa Poison Control Center (IPCC) has been fielding questions about alternative agent recommendations for antimuscarinic (anticholinergic) delirium and toxicity.

In the absence of physostigmine, the IPCC recommends using high dose benzodiazepines and good supportive care for symptoms associated with antimuscarinic (anticholinergic) delirium and toxicity. Intubation and sedation may be needed for severe cases.

Consultation with a toxicologist is always recommended before administering physostigmine to understand patient selection and potential serious adverse outcomes.

## Childhood Lead Poisoning

Lead poisoning is a problem in Iowa. Lead-based paint is found in many homes built before 1978 and is the primary source of lead poisoning in children. Young children may become lead poisoned when they eat paint chips, breathe lead-contaminated dust, or get lead-contaminated dust or soil on their hands and then put their hands in their mouth.

Less common sources of lead poisoning include alternative health remedies and supplements such as *azarcon* and *greta*; imported candy, spices, jewelry, and cosmetics; pottery and ceramics; fishing weights; ammunition; and occupational exposure to lead by a family member and brought home on their skin, clothes, or shoes.

Anyone can become lead poisoned if exposed to large amounts of lead. Children absorb more lead than adults and are especially vulnerable to the health effects from lead. No amount of lead in the body is considered safe and even low levels of lead in children can cause developmental delays, difficulty learning, behavioral issues, and neurological damage. A blood lead test is the best way to determine if a child has been exposed to lead. All children in Iowa must be tested for lead poisoning before starting kindergarten. However, it is suggested children be tested for the first time at age 12 months and then once a year up to 6 years of age. The Center for Disease Control and Prevention has set the blood lead reference range at 3.5 ug/dL to identify children with an elevated blood lead level (BLL).

Most children with lead in their blood have no obvious symptoms. Many children do not have obvious symptoms but present with subtle effects on growth, hearing, fine-motor skills, and neuro-cognitive development. Symptoms in lead poisoning often are nonspecific and can include anorexia, headache, sporadic vomiting, and abdominal pain ("lead colic"). Children with very high lead levels may have encephalopathy, ataxia, seizures, or coma.

Diagnosis and treatment are based on the BLL and symptoms. Chelation for children begins at BLLs 45 ug/dL or higher. Toxicologists at Iowa Poison Control Center are available 24/7 for consult on lead poisoning by calling **1-800-222-1222**.

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