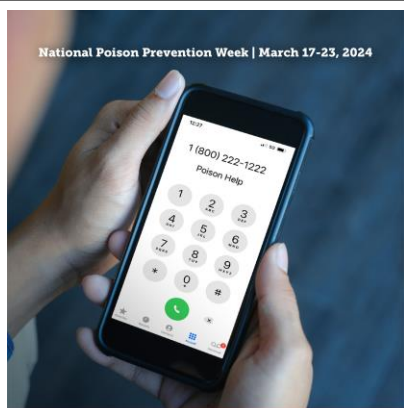




Poison HOTLINE

1-800-222-1222

March 2024



BE PREPARED, SAVE THE
POISON HELP LINE
1-800-222-1222

We're Here for You 24/7.



Did you know

National Poison Prevention Week (NPPW) is taking place March 17-23, 2024. The theme is "When the unexpected happens, Poison Help is here for you 24/7." NPPW is a week dedicated to raising awareness about poison centers and the Poison Help Hotline. We welcome you to join us in educating the public on the valuable services provided by poison center. Order poison prevention materials for your home or work at www.iowapoison.org.

Anhydrous Ammonia

Anhydrous ammonia is mainly used in agriculture as fertilizer applied to farm fields, but it can also be used as a precursor in refrigerants and cleaning products. Anhydrous ammonia is an irritant gas, but it is compressed into a liquid state for transportation and application. When anhydrous ammonia comes in contact with water, it forms ammonium hydroxide which is a strong alkaline corrosive. Since anhydrous ammonia has a strong affinity for water, it dissolves in the mucous membranes of the eyes, nose, throat, and respiratory tract, leading to severe burns, upper airway swelling and respiratory distress. Frostbite can also be seen since the compressed gas is extremely cold.

Personnel treating the patient must wear proper personal protective equipment (including respiratory protection) until the patient has been decontaminated. Prior to decontamination, ensure proper airway, breathing, and circulation. Early intubation is recommended for deep burns in the face or proximal airway, stridor, or severe respiratory distress. Intubation should be done under direct visualization of the vocal cords. PEEP, bronchodilators, and other standard treatments can be used for pulmonary edema and bronchospasm. Corticosteroids can be considered.

Decontaminate skin and eyes with copious amounts of lukewarm water until the pH is neutral. The pH of the conjunctiva should be checked every 30 min for 2 hours after eye irrigation has stopped. Perform thorough eye exam and consult ophthalmologist immediately if corneal injuries are noted. After decontamination, dermal burns are treated like thermal burns.

If oral ingestion is suspected, dilute with 2-4 oz of water or milk (only if conscious, able to swallow and able to protect airway), and consult gastroenterology for early endoscopic evaluation. Do not induce vomiting or give activated charcoal.

Patients should be observed for 4 hours and then can be discharged if symptoms have subsided or are only mild and pulse oximetry is normal. Patients should be instructed to return if symptoms worsen. For treatment advice concerning anhydrous ammonia, contact the IPCC at 1-800-222-1222.

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Post and share this edition of **Poison Hotline** with your colleagues. Send comments or questions to Poison Hotline, 712-234-8775 (fax) or Tammy.Noble@unitypoint.org. To subscribe or unsubscribe from this distribution list, contact the IPCC education office at 712-279-3717. Read past issues of **Poison Hotline** at www.iowapoison.org.