

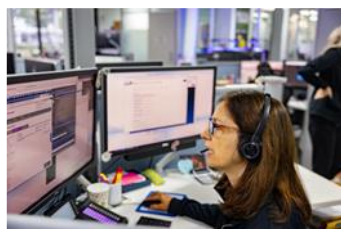


Poison HOTLINE

1-800-222-1222

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Did you know



According to a new study released by America's Poison Centers®, U.S. Poison Centers save \$3.1 billion every year in medical costs and lost productivity. Conducted by RAND, the report confirms that Poison Centers provide substantial economic and societal benefits for communities across the county.

The RAND report, [Poison Prevention, Treatment, and Detection as Public Health Investments](#), found that for every \$1 invested in poison center services, communities receive \$16.77 in benefits. These cost saving benefits reflect reduced emergency department use, shortened hospital stays, decreased mortality risk, enhanced public health surveillance, and improved patient outcomes.

Call **1-800-222-1222**, 24/7/365, to speak with one of our specially trained nurses, pharmacists, or physicians.

From Home Remedies to Evidence-Based Care

For centuries, efforts to mitigate the effects of toxic ingestions have shaped medical practice. Beginning in the 19th century, poisoning management emphasized gastrointestinal decontamination via interventions such as activated charcoal, syrup of ipecac, and induced vomiting. Advances in clinical research have since refined these approaches, demonstrating that some traditional practices are ineffective or harmful, while others—such as activated charcoal—remain appropriate in select situations. This evolution underscores the importance of relying on expert, evidence-based guidance rather than outdated home remedies.

Activated Charcoal: Activated charcoal is specially processed to contain millions of microscopic pores, resulting in a large surface area capable of adsorbing certain drugs and substances within the gastrointestinal tract. By limiting absorption, it may reduce systemic toxicity in select cases. Although once promoted for home use, current medical guidance restricts its administration to specific situations under the direction of healthcare professionals.

Syrup of Ipecac: Derived from the plant *Carapichea ipecacuanha*, syrup of ipecac was previously recommended for poisoning management due to its ability to induce vomiting through gastric irritation and stimulation of the brain's emetic center. Subsequent research demonstrated no improvement in clinical outcomes and identified significant risks, including aspiration pneumonia, prolonged vomiting, and esophageal injury. As a result, syrup of ipecac is no longer recommended and has been removed from evidence-based poisoning treatment guidelines.

Induced Vomiting: The manual induction of vomiting following ingestion is strongly discouraged. This practice carries substantial risks, including aspiration pneumonia, esophageal injury, increased toxicity from certain substances, and exacerbation of injury following exposure to corrosive agents.

Current medical consensus emphasizes that the most important step after a suspected poisoning is prompt consultation with a poison control center or emergency services. Reliance on home remedies or internet searches may delay appropriate care and increase the risk of harm. Understanding the evolution of poisoning management reinforces the critical role of evidence-based recommendations in improving patient safety and outcomes.

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