



Poison HOTLINE

Partnership between Iowa Health System and
University of Iowa Hospitals and Clinics

June 2009



Did you know

An EEG may be warranted in overdose cases when pro-seizure drugs (drugs likely to result in seizures) are ingested.

Neuromuscular blockers (i.e.: vecuronium [Norcuron®], cisatracurium [Nimbex®], pancuronium [Pavulon®]) are often used for intubation and control of muscular activity in ICU patients. These agents block nerve transmission at the neuromuscular junction, causing paralysis of the skeletal muscles. The use of a neuromuscular blocker may hide seizure activity in patients. The brain may still have seizure activity despite no physical manifestation of a seizure. Thus, an EEG is needed to rule out seizure activity in paralyzed patients.

To charcoal or not to charcoal: that is the question FIRST, DO NO HARM

Overall, the mortality from acute poisoning is less than one percent. The challenge for clinicians managing poisoned patients is to promptly identify those who are most at risk of developing serious complications and who might potentially benefit from gastrointestinal decontamination.

Use of Activated Charcoal

- Single-dose activated charcoal (AC) should NOT be administered routinely in the management of poisoned patients.
- The effectiveness of AC decreases with time and AC is more likely to produce a benefit if administered within one hour of poison ingestion.
- The administration of AC may be considered if a patient has ingested a potentially toxic or life threatening amount of a poison (which is known to be adsorbed to AC) up to one hour following ingestion.
- Although volunteer studies demonstrate that the reduction of drug absorption decreases to values of questionable clinical importance when AC is administered at times greater than one hour, the potential for benefit after one hour cannot be excluded.

Situations in Which the Use of Activated Charcoal is Contraindicated

- In any patient with an unprotected airway. These patients include, but are not limited to, patients with a depressed state of consciousness or who are comatose, and those patients who may become somnolent or comatose in the near future. Of note, while endotracheal intubation helps to secure and protect the airway, it is NOT a guarantee against the patient aspirating AC.
- In patients who are seizing or have ingested substances that may cause seizures.
- When the use of AC increases the risk and / or severity of aspiration. These cases include patients who have ingested hydrocarbons, caustic materials, heavy metals and alcohols.
- In patients who are at risk of gastrointestinal hemorrhage or perforation due to pathology, recent surgery or medical conditions
- In patients who do not have an anatomically intact GI tract.
- AC may obscure endoscopic visualization of the GI tract in patients who need endoscopy (i.e. caustic ingestions).

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**POISON
Help**
1-800-222-1222

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