Childhood Poisonings:
Oregon Poison Center Cases & Statistics

Tonya Drayden, RN, MSN, CSPI
Lisbeth Ward-Fowler, RN, CSPI
Marty Malheiro, MS, CHES
Poison Center Public Educations
Case #1
– The Clean Up Crew

- Mom calls poison center
  - “I think I dropped a few pills”
  - “I thought I got them all”
- Mom was filling her pill minder the day before
- She found pill fragments in her 11mo daughter’s mouth
Case #2

– Rattle is Toxic Toy

- Dad calls with concern:
  - “I was watching the game for a sec”
  - “He was rattling the bottle and all of a sudden he was quiet!”

- Bottle open, pills scattered, Dad anxiously removing pills from 16mo’s mouth
Case #3

– The Student “Pusher”

- School nurse calls for pill ID
  - “I’m trying to find out who is distributing these pills”
  - “Are these pills dangerous?”
- Imprint code = Cardiovascular medication
Learning Objectives

- How & where unintentional poisonings occur,
- What has changed? Review of Trends
- Call to ‘arms’ - Community action in Drug Take Back Programs
Drug Free America?
Role of the Regional Poison Center

- Provide poison information,
- Provide immediate treatment advice for poison emergencies,
- Provide poison prevention information,
- 24 hour service, 7 days a week.
71,000 Calls in 2009

- Residences – 74%
- Health Care Facilities – 20%
- Schools-Public-Work - 1% (each)
- Other – 3%
NPDS
National Poison Data System

- Poison centers share info with health departments, FDA, CDC, and other health agencies.
Agents with Deadly Results

- Analgesics
- Antidepressants
- Sedative/hypnotics
- Stimulants & Street drugs
- Toxic Alcohols
Oregon Poison Center
Call Statistics

![Graph showing call statistics from 2007 to 2009 for different age groups.](image)

Legend:
- <= 5 years
- 6-19 yrs
- >= 20 yrs

- 2009: [Values for each age group are shown]
- 2008: [Values for each age group are shown]
- 2007: [Values for each age group are shown]
- 2007 Or-R: [Values for each age group are shown]
OPC versus Utah

2009 Call Statistics

- <= 5 years
- 6-19 yrs
- >= 20 yrs

Year: 2009

- OPC: 30000
- UPCC: 35000

Year: 2007

- OPC: 20000
- UPCC: 15000
Common Poisonings for Children

- Cosmetics & personal care
- Pain relievers
- Household Cleaners
- Foreign bodies
- Skin preparations
- Plants
- Vitamins
<table>
<thead>
<tr>
<th>Oregon</th>
<th>Utah</th>
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<tbody>
<tr>
<td>Cosmetics/personal care</td>
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<tr>
<td>Analgesics</td>
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<tr>
<td>Household cleaners</td>
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<td>Foreign bodies</td>
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<td>Antihistamines</td>
<td>Cold/cough meds</td>
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<td>Pesticides</td>
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</tbody>
</table>
2009 Top 3 Common Childhood Poisonings
Oregon VS. Utah

- Cosmetics/personal care
- Analgesics
- Household cleaners
  - Foreign bodies
  - Topicals
  - Plants
  - Vitamins
  - Antihistamines
  - Cold/cough meds
  - Pesticides

- Cosmetics/personal care
- Analgesics
- Household cleaners
  - Topicals
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  - Foreign bodies
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  - Cold/cough meds
  - Antihistamines
  - Pesticides
Human Development

- Early Child Development
- Population Risks
Early Child Development

- Children often begin to gain skills faster than parents can comprehend.
- All too soon they are:
  - Rolling over
  - Pulling up
  - Walking
  - Climbing
Early Child Development

- Children are
  - Oral explorers
  - Not biased
  - Confused by look-a-likes
  - No awareness of time
Bless the Children

- Children are not
  - Spiteful
  - Evil
- Children have no awareness of death or consequences
School Age Children

- Poisonality Personality
- Developmental Challenges
- Malicious behavior
- Drug Abuse
Children & Hospital Admissions

Related Poisoning Events
Pediatric Hospitalizations

In Oregon:

- Children represent 16% of all hospitalizations (Yrs 2007-09)
Poisonings Leading to Admits
Substance Trends

- Oregon only

2002 2005 2007 2009

Analgesics  CV  Sedatives  Antidepres  Antihists  C/Cold  Cleaners
Oregon vs. Utah
2009 Pediatric Hospital Admit Statistics
(<=5 years only)

Oregon: 16%
Drugs (70%) > Non-drugs (30%)

Utah: 24%
Drugs (69%) > Non-drugs (31%)
2009 Top 5 Poisonings Leading to Admits
Oregon VS. Utah

- Analgesics
- CV meds
- Sedative hypnotics
- Antidepressants
- Antihistamines
- Analgesics
- CV meds
- Household cleaners
- Antidepressants
- Antihistamines
Drug Free America?
Pediatric Pharmaceutical Ingestions:
An increasing & shifting of societal burden

G. Randall Bond, MD
Medical Director
Cincinnati Drug and Poison Information Center
(2010)
Top medication groups
G Bond (2010)

1. OTC cough & cold medications
2. Cardiovascular (CV)
3. Rx analgesics (mostly opioids)
4. CNS sedative hypnotics
5. OTC Analgesics APAP
6. CNS antidepressants
7. OTC antihistamines
8. OTC analgesics no APAP
9. CNS Stimulants
10. CNS Anticonvulsants
11. CNS Neuroleptics
12. Oral hypoglycemics
Speculations on Causes

- Rise in opioids prescribed/available
- Increased use of sedatives
- Rise in obesity & diabetes (CV meds)
- More children in grandparent’s home
- Increase in ADHD stimulants & neuroleptics by older sibs
- Poison proofing “inconvenient”
Community Outreach & Poison Prevention Training

Meet Mr. Yuk!

Child-Resistant Caps
Call to Action!

- Stockpiling storage of “out of use” drugs must stop,
- Opioid & sedative abuse/misuse must be addressed,
- Drug Take Back programs need community support
Implications?
Take Action!

Program Your Phone!

Don’t be alone in a Poison Emergency!

POISON Help
1-800-222-1222
Call Delays = Injury & Death
Give us a call!

No Question is Too Small!

Questions?

??Questions??

POISON Help®
1-800-222-1222
Syrup of Ipecac

Purpose: to induce vomiting when a potentially toxic poison has been ingested
The Trouble with Ipecac

- Used inappropriately
- Not very effective
- Can make a bad situation worse

DISPOSE OF IT !!