

# Overdose and Poisoning (Children)

**Table 3.87**

## Specific Substance Management

SUBSTANCE/SIGNS AND SYMPTOMS	MANAGEMENT
<b>Alcohol (ethanol)</b> <ul style="list-style-type: none"><li>● Nausea, vomiting, slurred speech, confusion, convulsions, unconsciousness.</li></ul>	<ul style="list-style-type: none"><li>● Alcohol poisoning follows the consumption of excessive amounts of alcohol.</li><li>● It can be fatal so should be taken seriously.</li><li>● It is not uncommon in teenagers.</li><li>● Can cause severe hypoglycaemia even in teenagers.</li><li>● <b>ALWAYS</b> check the blood glucose levels in any child or young person with a decreased conscious level, especially in children and young adults who are 'drunk', as hypoglycaemia (blood glucose &lt;4.0 mmol/l) is common and requires treatment with oral glucose or glucose 10% IV (<a href="#">refer to glycaemic emergencies in children</a>).</li></ul> <p>NOTE: Glucagon is not effective in alcohol-induced hypoglycaemia.</p>
<b>Tricyclic Antidepressants</b> <ul style="list-style-type: none"><li>● Central nervous system excitability, confusion, blurred vision, dry mouth, fever, pupil dilation, convulsions, coma, arrhythmias, hypotension, tachycardia, respiratory depression; physical condition can rapidly change.</li></ul>	<ul style="list-style-type: none"><li>● ECG monitoring and IV access should be established early in the treatment of tricyclic overdose.</li><li>● The likelihood of fitting is high; this should be treated following the <a href="#">convulsions in children guidelines</a>.</li></ul>
<b>Iron</b> <ul style="list-style-type: none"><li>● Nausea, vomiting blood, diarrhoea (black stools), metallic taste, convulsions, dizziness, flushed appearance, unconsciousness, non-cardiac pulmonary oedema.</li></ul>	<ul style="list-style-type: none"><li>● Iron pills are regularly used by large numbers of the population including pregnant mothers. In overdose, especially in children, they are exceedingly dangerous. They may cause extensive damage to the liver and gut and these children will require hospital assessment and treatment.</li></ul> <p>NB Charcoal is contra-indicated as it may interfere with subsequent treatment.</p>
<b>Paracetamol</b> <ul style="list-style-type: none"><li>● Nausea, vomiting, malaise, right upper quadrant abdominal pain, jaundice, confusion, drowsiness – coma may develop later. NB Frequently asymptomatic, symptoms are unreliable.</li></ul>	<ul style="list-style-type: none"><li>● There are a number of analgesic preparations that contain paracetamol and a combination of codeine or dextropropoxyphene. This, in overdose, creates two serious dangers for the child:<ol style="list-style-type: none"><li>1. The codeine and dextropropoxyphene are both derived from opioid drugs. This in overdose, especially if alcohol is involved, may well produce profound respiratory depression. This can be reversed with naloxone (<a href="#">refer to naloxone guideline</a>).</li><li>2. Paracetamol, even in modest doses, is <b>dangerous</b> and can induce severe liver and kidney damage in susceptible children. Initially there are no clinical features to suggest this, which may lull the child's carers, the child, and ambulance clinicians into a false sense of security. It frequently takes 24–48 hours for the effects of paracetamol damage to become apparent and urgent blood paracetamol levels are required to assess the child's level of risk.</li></ol></li></ul>
<b>Opioids</b> <ul style="list-style-type: none"><li>● Drowsiness, nausea, vomiting, small pupils, respiratory depression, cyanosis, coma, convulsions, non-cardiac pulmonary oedema.</li></ul>	<ul style="list-style-type: none"><li>● May produce profound respiratory depression. This can be reversed with naloxone (<a href="#">refer to naloxone guideline</a>).</li></ul>