ONE PILL CAN KILL
One Pill Can Kill

Objectives:

• Identify 10 drugs where 1 pill or 1 sip can kill a toddler
Terrible Twos

• Toddlers explore their world
• Much ends up in their mouth
• Child-resistant containers a major difference
Common Presentations

• Unwitnessed

• Found playing with pills or with pills in mouth

• Empty bottles/Missing medications

• Unexplained signs or symptoms
One Pill Can Kill

• Life threatening toxicity or death despite ingestion of only one or two tabs or sips!!!
Alpha-2 Adrenergic Agonists

- Clonidine, naphazoline, oxymetazoline, tetrahydrozoline
Alpha-2 Adrenergic Agonist

• Opioid toxidrome

• Management:
  – ABCs
  – Atropine
  – Fluids, pressors

• Naloxone
Sulfonylureas

• Chlorpropamide, glyburide, glipizide, glimepiride

• Loss of appetite, weakness, lethargy, seizure or coma

• Clinically significant hypoglycemia can occur after 18-24 hours
Sulfonylureas

Oral Hypoglycemics

- Oral Hypoglycemic
- D5½NS
  - Supplemental dextrose exacerbates overstimulation of pancreas
- Pancreas
- Octreotide “Antidote”
- Insulin
- Glucose
Calcium Channel Blockers

Beta Blockers

• Present with cardiovascular collapse

• Delayed symptoms for sustained release preparations
TCAs

• Imipramine, desipramine, amitriptylline
• Mortality due seizures, conduction abnormalities, hypotension
• Management
  – Aggressive ABCs
  – Activated Charcoal
  – Sodium Bicarbonate
  – Benzos
Opioids

• Opioid toxidrome

• Death due to apnea, hypoxia

• Management:
  – Supportive care
  – Naloxone
Lomotil

• Antidiarrheal agent
• Contains 2.5mg of diphenoxylate (opioid) plus 0.025mg atropine
• Biphasic toxicity
  – Initially anticholinergic then delayed long-lasting opioid
• Management
  – Similar to opioids
Salicylates
Salicylates

• Toxic dose in children is 150 mg/kg

• 1 tsp 98% methyl salicylate = 7000 mg salicylate = 90 Baby Asprins = > 4x toxic dose for a 10 kg child
Salicylates

• Present with nausea & vomiting, diaphoresis, tinnitus, CNS, hyperventilation
• Primarily metabolic acidosis
• Management
  – Supportive
  – Activated Charcoal
  – Urine alkalinization
  – Dialysis
Antipsychotics

• Seizures, anticholinergic toxiidrome, prolonged QT, wide QRS

• Management
  – Supportive
  – Benzos
  – Sodium bicarbonate
Antimalarials/Antiarrhythmics

- Chloroquine, hydroxychloroquine, quinine
- Qunidine, disopramide, procainamide, flecainide
- Seizures, prolonged QT, wide QRS

Management
  - Supportive
  - Benzos
  - Sodium bicarbonate
Camphor
Camphor

• Death due to respiratory depression and status epilepticus

• Management:
  – Supportive
  – Benzos
Podophyllin and Colchicine

• GI symptoms, CNS changes

• Pancytopenia

• Management
  – Supportive
One Pill Can Kill

Alpha-2 Adrenergic Agonists
Sulfonylureas
Calcium Channel Blockers
Beta-Blockers
TCAs
Anti-arrhythmics
Podophyllin

Opioids
Lomotil
Salicylates
Antipsychotics
Antimalarials
Camphor
Colchicine
Poisoned Patient

- **Treatment**
  - ABCs
  - Dextrose, naloxone, thiamine
  - Decontamination
  - Enhanced elimination
  - Focused therapy
  - Antidotes
  - Get Tox help

- **Diagnosis**
  - History
  - Physical exam
  - Toxidrome recognition
  - Diagnostic tests

Questions?