

## If the patient is unconscious and not breathing

- Ring, an ambulance.
- See basic life support for a person who collapses in 'Medical and surgical emergencies', Section F.

## If the patient is unconscious but breathing

- Roll the patient on their side, with head down slightly to reduce the potential for choking should vomiting occur.
- Remove any obstructions to breathing and hold the person's jaw forward.
- Ring for an ambulance and transport the patient to hospital immediately.

## If poison is in contact with skin

- Remove contaminated clothing.
- Wash the affected area thoroughly with cold or tepid water (not warm or hot).
- Call the Poisons Information Centre (13 11 26) with details of the product and seek advice.
- Do not attempt to neutralise the contaminant with another chemical.
- Do not apply lotions, ointments or creams unless instructed to do so by the Poisons Information Centre.

## If poison is in the eyes

- Irrigate with gently running water for 15 minutes.
- Do not instil drops or apply ointments.
- If irritation persists or vision is affected, or as advised by the Poisons Information Centre, cover the eye and send the patient to hospital or a medical practitioner.

## If poison is inhaled

- Remove the patient from exposure and place in fresh air if safe to do so.
- Remove any obstruction to breathing and use artificial respiration if necessary. Rescuers should take care not to be overcome by gas or fumes themselves. If mouth-to-mouth resuscitation is indicated, care should be taken not to inhale the expired air or to contaminate the mouth with highly toxic material (e.g. corrosive substances, cyanide).
- If the patient has obvious breathing difficulties ring for an ambulance and transport the patient to hospital as soon as possible.
- Call the Poisons Information Centre with details of the substance for further advice.
- Inhalation of some poisons can result in increasing respiratory symptoms over a number of hours.

Patients with delayed or increasing respiratory symptoms should be referred to a medical practitioner.

## If the poison has been taken by mouth

- Do not induce vomiting.
- In the case of corrosive or irritant substances, prompt dilution (with a small amount of water given slowly) may help reduce the severity of burns to the mouth, throat and oesophagus.

## Gastrointestinal decontamination

Prevention of absorption of the poison is often employed in reducing the risk of serious toxicity. Gastrointestinal decontamination procedures are not without risk and should be reserved for cases where severe toxicity is anticipated.<sup>5</sup> In many cases supportive care in an appropriate medical facility is all that is required.

Telephone the Poisons Information Centre (13 11 26) to determine appropriate management.

## Activated charcoal

The preferred dosage form is activated charcoal slurry in a dose of 1–2 g/kg body weight for children and 50–100 g for adults.

Activated charcoal will adsorb a range of commonly ingested poisons and reduce their absorption from the gastrointestinal tract. Activated charcoal tablets are not an effective adsorbent for poisoning situations and should not be used.

In rare circumstances, endotracheal intubation may be required before activated charcoal is administered. There is a substantial risk of charcoal aspiration (which can be fatal) if the patient's level of consciousness is depressed.

Activated charcoal should not be administered to patients in whom bowel sounds are absent.

Small or highly charged molecules bind poorly to charcoal, and charcoal is *not* indicated in poisoning by the following substances:

- acids
- alkalis
- button batteries
- cyanide
- ethanol
- fluoride preparations
- glycols and esters
- heavy metals
- iron salts
- lithium salts
- methanol
- potassium salts.