# Key Takeaways – SME Chat Poisons Information

The Queensland Poisons Information Centre provides 24/7 advice on poisons exposure, first aid and treatment options.

Staffed completely by pharmacists with training in toxicology, the centre receives around 100 calls per day. 1 in 5 calls are from health professionals.

Timely risk assessments are made on exposures to common household items such as cleaning products, pain killers, pesticides, plants, bites, and stings. Advice is also given therapeutic errors and deliberate self-poisonings.

**Helpline: 13 11 26**

## Supporting WQ HealthPathways:

- ✓ Chemical Exposure and Toxicity
- ✓ Envenomations
- ✓ Poisons and Toxicology Advice
- ✓ Snake Bite

Coming soon: Rural and Agricultural Health Assessment

## SME

Carol Wylie - Queensland Poisons Information Centre Manager of 17 years and qualified pharmacist.

## Topics Covered



## Common Clinical Scenarios & Practical Advice

**1. Paediatric accidental exposures**

- Frequent with **cleaning products, plants, and medicines**.
- **Eye exposures** are common → rinse eye immediately with running water (10–15 mins), then seek GP or optometrist review.
- Avoid scrubbing or harsh washing of skin; rinse gently.

**2. Medication misadventures**

- Common issues:
  - Double dosing (morning/night confusion).
  - Wrong sibling or caregiver administration.
  - Carer confusion with compounded or concentrated formulations.
- **Clonidine and Guanfacine**: increasing incidents due to long-acting sedative/bradycardic effects → require observation overnight.
- **Stimulants (ADHD meds):** frequent double doses; generally mild, but deliberate overdoses need admission.

**3. Deliberate self-poisoning**

- Common presentations include **paracetamol, clonidine, guanfacine, and stimulants**.
- **Paracetamol** remains the most frequent drug exposure.
- **Rural management:** if pathology or paracetamol levels are unavailable → commence **acetylcysteine empirically** (safe and effective).

**4. Emerging and notable poison concerns**

- **Button batteries:** persistent hazard in children.
- **Guanfacine:** more frequent than clonidine; prolonged drowsiness/bradycardia.
- **Ivermectin misuse:** naturopath or self-prescribed use causing neurological symptoms.
- **Methylene blue:** increased use; some toxicity cases from online purchase.
- **Compounded medicines:** errors due to high concentration or unclear labelling.
- **Laundry pods:** cause more severe symptoms than expected (eye, airway, and GI irritation).
- **Armour Force & other supplements:** allergic reactions and anaphylaxis reported.
- **Melatonin:** imported formulations have unreliable contents; mild sedation usually.

## Rural & Remote Practice Considerations

- **Paracetamol toxicity:** initiate NAC if pathology unavailable.
- **Snake bites:** document early transient symptoms (vomiting, headache) – may indicate envenomation.
- **Herbicide/pesticide exposures:** organophosphates decreasing, but **Paraquat** still occurs; **free test kits** available here from manufacturers.
- **Medication security:** use **lock boxes** in households (especially in Aboriginal communities) to reduce accidental ingestion risks.

## First Aid Guidance (as advised by PIC)

- **Eye exposure:** rinse with water for 10 mins; refer to GP or optometrist.
- **Skin exposure:** wash gently with mild soap and water.
- **Inhalation:** move to fresh air; monitor breathing; chlorine gas (bleach + acid) is common accidental irritant.
- **Ingestion:** rinse mouth, offer small sips of water (unless advised otherwise).
- **Do NOT induce vomiting or give home charcoal tablets** – ineffective surface area and risk of aspiration.
- **Charcoal tablets (OTC)** are **not suitable for poisoning**; only **activated charcoal** in hospital is effective.

## Illicit and Online Substances

- Increasing poisonings from **illicitly purchased "medications"** (e.g., Stilnox from overseas).
- **Counterfeit drugs** may contain unexpected opioids or contaminants → consider mixed toxicity presentations.
- PIC website posts **Queensland drug contamination warnings** for clinicians and the public.

## Environmental and Other Issues

- **Mould exposure:** limited evidence for toxicity; often referred to public health units.
- Some councils' poor labelling practices (post-flood clean-ups) have caused accidental ingestions.
- Useful links:
    - Mould related-illness | Australian Government Department of Health, Disability and Ageing
    - State and territory resources on mould | Australian Government Department of Health, Disability and Ageing
    - Managing mould | WorkSafe.qld.gov.au
    - Home - Toxic Mould Support Australia
    - Health and social impacts of exposure to mould-affected housing in Australia a qualitative study
- **Vapes:** fewer poisonings since bans on nicotine liquid; current cases mostly mild ingestion/puff exposures in children.

## Useful Clinical Resources

- Queensland Poisons Information Centre website
- Therapeutic Guidelines
- Toxinz website and Poisondex (American website)