

Poisoning in children is unfortunately common, though fatalities are rare. Poisoning is usually accidental, though older children may deliberately poison themselves in an attempt at suicide and rarely a child may be deliberately poisoned by a parent or carer. Remember that poisoning may also be iatrogenic if a child is administered the incorrect dose of a drug by a staff member.

Accidental poisoning can be caused by medications, recreational drugs, household products such as bleach, or various berries or mushrooms.

Children are most at risk of accidental poisoning at times of stress or breaks in the usual routine during which supervision may be less vigilant. Examples of this include moving house, the birth of a new sibling and visiting friends or relatives.

The approach in children is similar to that taken in adults. Try to ascertain the type of poison, the timing of ingestion and focus on supporting the child's airway, circulation and breathing.

Activated Charcoal

Activated charcoal is of benefit in reducing the absorption of many poisons, just as it is in adults. The dose varies according to age:

- Dose up to 11 years: 1g/kg (maximum 50g)
- Dose in older children: 50g

Note however that its efficacy in children is limited by its palatability!

Advice for Parents

Most cases will not require any specific treatment and many children can be discharged from A&E. On discharge provide advice on how to prevent future accidental poisoning:

- Supervise young children and toddlers, particularly when visiting another household.
- Keep all medicines, locked out of reach in a cupboard.
- Only purchase drugs packaged in child-resistant containers.
- Dispose of out-of-date drugs.
- Never refer to drugs as "sweets" to encourage a child to take them.
- Take medicines out of sight to prevent imitation.
- Keep alcohol, perfumes, cosmetics, detergents and bleaches out of reach.
- Ensure that turpentine, paints and weed killers are securely locked and inaccessible.
- Give away all toxic plants.

Self-harming behaviour in children and adolescents

The prevalence of self-harming behaviour rises steeply in the late teens, and there appear to be a variety of underlying causes. Some risk factors are common to children and adults such as mental health problems, drug or alcohol use and social isolation.

However there are risk factors for completed suicide that are more common in children such as bullying, including online bullying, and academic pressures. There is rarely a single cause; rather there is a constellation of adverse circumstances.

Note that around half of all completed suicides in those fewer than 20 years of age had indicated their suicide risk through previous self harm and a quarter had expressed suicidal ideas prior to completing suicide. Self harm is strongly associated with increased risk of future suicide.

Risk factors for completed suicide in children and adolescents include:

- Physical health condition
- Mental illness
- Bereavement (especially if by suicide of a family member or friend)
- Academic pressures
- Abuse or neglect
- Family drug or alcohol misuse
- Bullying
- Social isolation or withdrawal
- Suicide-related internet use
- Previous self-harm or reported suicidal ideation
- Drug or alcohol misuse

If you see a patient expressing suicidal ideation or that has self-harmed in ED refer them to the CAMHS team.

Child Protection

Most poisonings in children will be innocent, but others may reflect parental difficulties that require support. There will be occasional cases in which poisoning is deliberate.

Be sure to take note of features indicating non-accidental injury and have a low threshold for completing a Shared Referral Form and discussing with a senior.