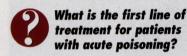
Question of Practice

Ipecac Syrup or Activated Charcoal?

When treating a poisoning, know what never PHAILS.

By Scott L. DeBoer, MSN, RN, CFRN



hen confronted with a stable patient who may have ingested a poisonous or dangerous substance, you should immediately determine what it is and call the regional poison control center for guidance. These actions will quickly reveal the best—and perhaps only—course of treatment.

Traditionally, ipecac syrup has

been administered first, followed by activated charcoal, to patients who are still conscious and alert after ingesting poison. Activated charcoal adsorbs many substances in the GI tract. It also has a limited ability to draw certain toxins out of circulation and back into the gut, where they bind with it before being excreted. Ipecac syrup, on the other hand, should not be used in patients who've ingested certain corrosive substances or in those who are rapidly losing consciousness, as this creates concerns about airway protection. These factors led to questions regarding its use as a first-line treatment. Its use is now

limited to the home, in alert children found immediately after having ingested a known substance. Ipecac syrup—effective for one hour after the ingestion of poison—only delays activated charcoal administration.

There is, however, a caveat accompanying the administration of activated charcoal therapy. Activated charcoal doesn't work with any of the substances included in the PHAILS acronym:

Pesticides
Hydrocarbons
Alcohol, acids, or alkali
Iron preparations
Lithium
Solvents ▼

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