



The Blue Ridge Poison Center's

Tox Talks

A Bulletin for Educators and School Nurses Caring for Students K-12

Vol. 1 Issue 1 Fall 2006 www.healthsystem.virginia.edu/brpc

Welcome!

This biannual newsletter is a new service from the Blue Ridge Poison Center at the University of Virginia Health System. Help us fulfill our mission of providing poison prevention & awareness information to Virginia teachers and school nurses by sharing this newsletter with your colleagues! Future issues will only be sent via email. Don't miss out. **Sign up by contacting Kristin Wenger, Education Coordinator: klw2s@virginia.edu or 434-982-4386.**

The Blue Ridge Poison Center will NOT share your email address with any other parties without your consent.

Inside this issue:

- Inhalation Abuse: Right Under Your Nose
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- Nurse-to-Nurse: Recognizing and managing overdoses of ADHD medications.
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Inhalation Abuse: Right Under Your Nose

Deliberately concentrating and breathing fumes from chemicals in order to 'get high,' sometimes called *huffing*, *bagging*, or *sniffing*, may be a bigger problem than most parents or teachers realize.

According to The National Institute on Drug Abuse, over 2 million young people abused inhalants in 2004, and almost *one in every five 8th graders* has intentionally inhaled chemical products at least once. Inhalant abuse is the most prevalent form of drug abuse in 10-12 year olds. Because the abused products are relatively inexpensive and easy to get, unlike cigarettes, drugs, and alcohol, students may wrongly assume sniffing them is harmless. Some may also start abusing inhalants because of peer pressure or low self-esteem.



What products are abused?

More than 1,000 useful and legal everyday products may be abused as inhalants. It is impossible to provide a list: new 'trends' develop all the time. Most common are *glues, solvents, paints, paint thinners, butane, gasoline, cleaning products, products that contain toluene, and products that come in aerosol cans*

including compressed air. Abusers may empty the contents into a plastic bag, balloon, or onto a cloth item like a sleeve or pony-tail holder to concentrate the fumes. Sometimes, abusers inhale directly from the container.

What are the effects of inhalant abuse?

Sniffing can cause nausea, forgetfulness, confusion, and anxiety. Victims may lose control of their body, especially the use of their arms and legs. Their speech may be slurred. These effects can last up to an hour after sniffing. Sniffing may damage the kidneys, liver, heart, or brain...*permanently*. Even worse: victims can die suddenly with no warning. "Sudden Sniffing Death" can occur the first, 10th, or 100th time a victim uses an inhalant. Abusing inhalants can be addictive, and inhalants are often a "gateway" drug, leading to other illicit drug abuse.

How can you tell if a young person is abusing inhalants?

If someone is abusing inhalants, some or all of these symptoms may be evident:

- Chemical odor on breath or clothing.
- Drunk, dazed, or dizzy appearance.
- Slurred speech or uncoordinated movement.
- Paint or other stains where they normally aren't, such as fingers, face, clothes.

News & Notes



Many pieces of toy or costume jewelry and other trinkets have been recalled recently by the Consumer Product Safety

Commission for the risk of lead poisoning they present to children. The items include a Stravina® brand zipper pull, certain pieces of American Girl® jewelry, and a heart-shaped charm bracelet that came packaged with a certain Reebok® athletic shoe model, pictured above. The charm bracelet was associated with a Minnesota child's death in March of 2006. For more detailed information including model numbers and photos of recalled items: www.cpsc.gov

Poster Contest Winners Announced!

The Blue Ridge Poison Center hosted a poster contest for 4th graders in our 62-county region in honor of National Poison Prevention Week (March 19-25, 2006). The theme was *Children act fast: so do poisons!* Our winning entry is below. "The Blue Ridge Poison Center is grateful to CVS Pharmacy for providing the poster contest prizes," said Kristin Wenger, Education Coordinator. "This was a tremendous opportunity to help educate children about poison prevention. Congratulation to all our winners!" You can view them online: www.healthsystem.virginia.edu/brpc/



First Place: Hayley Lawrence
4th Grader at Independence Elementary School
Grayson County, VA

Continued from front

- Red or runny eyes or nose.
- Sores around the mouth.
- Nausea, vomiting, loss of appetite.
- Constant smelling of sleeves or other cloth item (pony-tail holder, sock, etc.).
- Always sitting with a pen or marker near face.
- Keeps empty containers or product-stained rags stashed in room or locker.

What to do if you suspect a student is under the influence of an inhalant:

Do not excite or argue with an abuser when they are 'high.' Sudden activity, stress, or stimulation may cause dangerous changes in heart rhythm. Do not leave the person alone; keep alert for signs of respiratory distress or loss of consciousness, and be prepared to summon emergency medical help. Sudden dizziness or incoordination may lead to a fall. **Call the Blue Ridge Poison Center for guidance: 1-800-222-1222.**

The key to inhalant abuse prevention is education.

Honest, informative, unaccusatory discussions go a long way in helping students make healthy choices. Students as young as 5 can learn about oxygen's importance to life and body function. Introduce concepts of *poisons* and *oxygen deprivation* to older students when appropriate. Refrain, however, from giving "how-to" details or exact names of products that can be abused. Parents and teachers should also be good role models: *always* exhibit safe behavior when using chemical products, including reading labels, following instructions, and ensuring adequate ventilation. For more information, including age-appropriate guidelines for both parents and teachers on talking to young people about inhalants, contact:

National Inhalant Prevention Coalition

322A Thompson St.
Chattanooga, TN 37405
1-800-269-4237
<http://www.inhalants.org/nipaw.htm>

Nurse-to-Nurse



Attention school nurses: Got a question for our experts?
Email Kristin Wenger: klw2s@virginia.edu.

QUESTION: *So many students nowadays are taking prescription medications for Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). What should a school nurse do if an overdose is suspected in a student?*

Answer next page



Hazardous Holiday Plants

Children are attracted to plants, especially colorful berries and soft leaves, which are easy for little hands to grab and rip off. Certain plants given as gifts or used as festive decoration during the holidays are toxic. Think twice before having these plants in your classroom if you work with very young children:

Holly (*Ilex species*)

Christmas Berry Tree (*Schinus terebinthifolius*)

Christmas Pepper (*Capsicum species*)

Rhododendron species (includes azalea, rhododendron, laurel, & rosebay)

Mistletoe (*Phoradendron serotinum*)

Amaryllis or St. Joseph Lily, especially the bulb (*Amaryllidaceae* family)

Jerusalem Cherry (*Solanum pseudocapsicum*)

Evergreens used for wreaths, garlands, and Christmas trees (such as pines, spruces, and firs) are not toxic. Neither is the Christmas cactus. Poinsettias were once thought to be toxic but are now widely accepted as non-toxic. However, as with all plants, these could pose a choking hazard or irritation to the mouth and throat if swallowed.

Fortunately, serious poisoning from plants is rare in children, because the quantity of most plant material required to cause serious poisoning is often greater than what a child may eat at one time. Nevertheless, contact the Blue Ridge Poison Center right away if you suspect a child has swallowed some piece of a plant. Do not wait for symptoms to develop:

1-800-222-1222

For a comprehensive list of other toxic indoor or outdoor plants, visit our website's education page:

<http://www.healthsystem.virginia.edu/internet/brpc/education/home.cfm>

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Andre Berkin, RN, Certified Specialist in Poison Information at The Blue Ridge Poison Center answers:

Many ADD / ADHD drugs are amphetamines or related compounds, which act as sympathomimetics, that is, they stimulate the central and peripheral nervous systems. The symptoms a nurse might see with an overdose may include increases in heart rate, blood pressure, activity level, or agitation.

The most common overdose situation with these drugs is double dosing, in which Mom gives the child a pill, and then Dad or a sibling does, too; then that child goes off to school, and they discover the error. Often, this is of minimal consequence, and the student is able to attend class normally. The nurse can check his vital signs, review the child's mental status, and call the Blue Ridge Poison Center.

Overdoses of more than double the normal dose may require closer monitoring, and if the patient is symptomatic, referral to an Emergency Department. In every case, calling the Poison Center gives the nurse an expert and helpful resource, 24 hours a day. The Blue Ridge Poison Center can help with the decision-making, and can even follow up with the ED or parents afterward.

Other ADD / ADHD medications, like clonidine, atomoxetine, and antidepressants, work in other ways, and may have lower safety margins, so calling the Poison Center for information and advice is always a good idea.

Any medications taken deliberately can be a suicidal gesture, drug abuse, or poor judgment (i.e. on a dare). If it is suicidal, then the patient must go to the ED. If it is recreational, he or she may not need to go, depending on the situation. The Blue Ridge Poison Center should be contacted on each case to help make triage decisions.

Education Resources

- ◆ Free, printable information for parents, teachers, teens, and children is available on a wide variety of topics on the Blue Ridge Poison Center's website: <http://www.healthsystem.virginia.edu/brpc>
- ◆ Next issue (Spring 2007): *Toxic Dangers in Arts and Crafts Products*. Don't miss out! Sign up to receive your free copy today. Contact Kristin Wenger, Education Coordinator: 434-982-4386 or klw2s@virginia.edu.