




HYDROCARBON INGESTION

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2 year old boy is brought to the ED after his mother found him sitting in front of the kitchen cupboard with a open bottle of lamp oil, with some on the floor. Her mother is not certain if he actually drank any. He has a new onset dry cough and 1 episode of emesis NBNB. His vitals signs T37, HR95, BP90/60, RR26 and O2 99%. Physical examination is unremarkable. What is the next step in management?

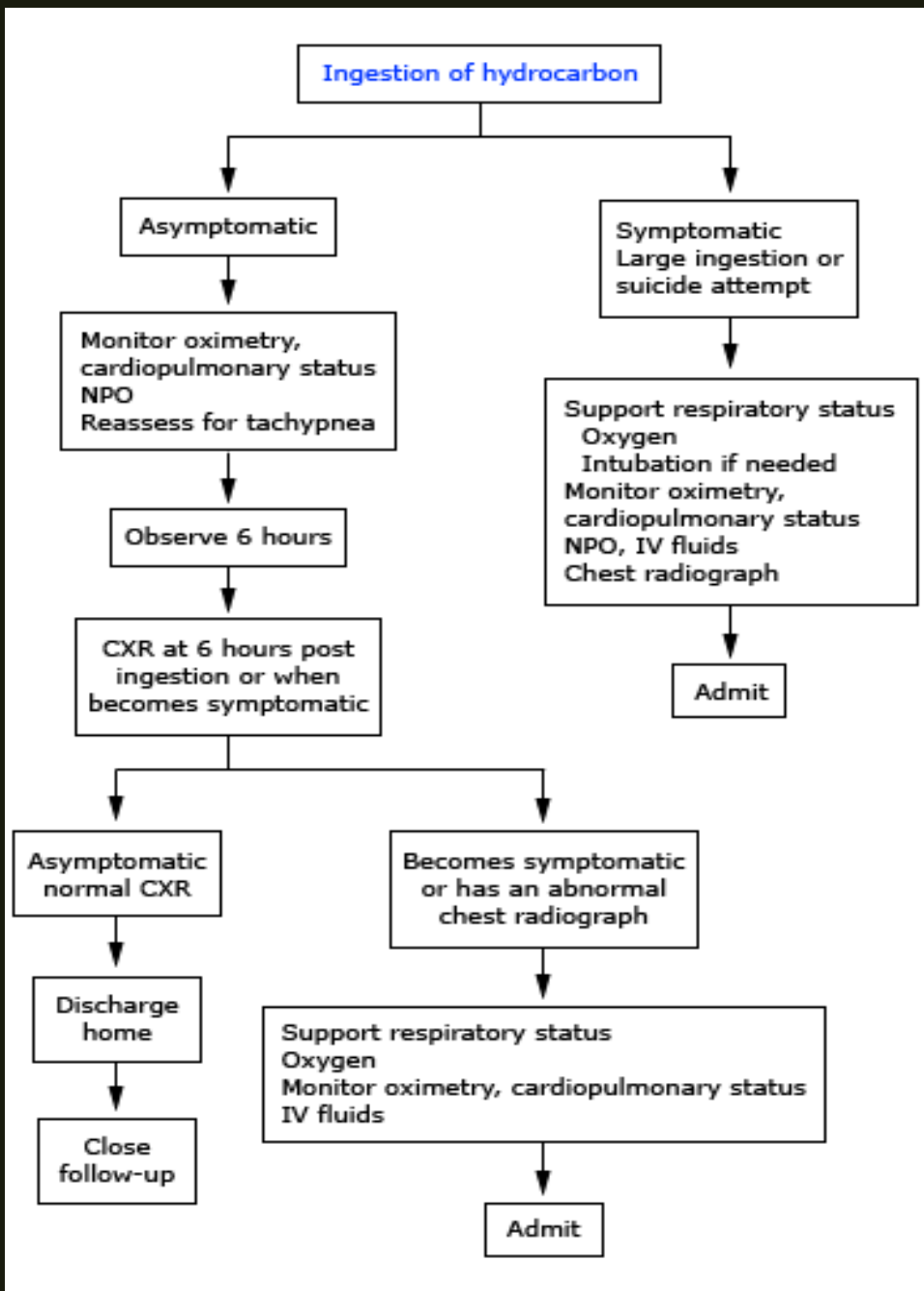
- a) PO challenge, if tolerated discharge home with instructions on when to return and close PCP follow-up
- b) GI decontamination with activated charcoal
- c) Observe for 6 hours in the ED with delayed CXR done at 4 hours after suspected ingestion
- d) Immediate CXR, Blood gas, CBC, CMP and UA
- e) Stat dose of corticosteroids

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Discussion

- a) All patients should remain NPO during the initial observation period of 6 hours.
- b) Activated Charcoal (AC) should not be used with ingestion of hydrocarbon without systemic toxicity as it increases the risk of spontaneous vomiting and additional pulmonary aspiration. AC does not bind well to hydrocarbons.
- c) This is the management of the asymptomatic patient; from the vignette our patient is symptomatic of coughing and emesis.
- d) All symptomatic patients, hx of large ingestion or suicide attempts, should be investigated and admitted for progression of symptoms. Our patient with mild to moderate respiratory symptoms should have CXR performed at the time of presentation.
- e) Corticosteroids have been shown no beneficial effect on the course of hydrocarbon aspiration and maybe harmful.



DISPOSITION AFTER HYDROCARBON INGESTION ALGORITHM

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