



# MUSHROOM POISONING

## QUESTION 1

- HPI: A 4yoM with no significant PMH presents with vomiting and profuse, watery diarrhea for the last hour and he has been complaining of abdominal pain. He has not had a fever or other symptoms. His parents are concerned that his diarrhea is so voluminous. One of the neighborhood kids has been sick recently with a cough. There are woods behind their house that the children often play in. Upon further questioning the older brother reports that he saw the patient take a bite of a mushroom earlier that day, over six hours prior to presentation.



- PE: 37 C, HR 154, BP 71/45 mmHg, 100% on RA. Child appears fussy but consolable, holding his abdomen. His cap refill is 3-4 seconds and he has decreased skin turgor. He has an episode of diarrhea since arrival. He has hyperactive bowel sounds but abdomen is non-tender and the rest of PE unremarkable.
- In addition to calling poison control and initiating IVF, what treatments should be administered?



- A. Imodium
- B. Zofran and Imodium
- C. Atropine
- D. Zofran
- E. Zofran and activated charcoal



# ANSWER

- A. Imodium
- B. Zofran and Imodium
- C. Atropine
- **D. Zofran**
- E. Zofran and activated charcoal



## EXPLANATION

- Mushrooms from accidental ingestion are usually not identified. Treatment is supportive and depends on presentation, plus GI decontamination (if within one hour of ingestion).
- Delayed, Cholera-like diarrhea can be seen with Amatoxin ingestion, so there is concern for (even more delayed) liver toxicity.
- Zofran will not increase the absorption of toxins, but Imodium should be avoided.
- If unsure of quantity or type consumed, patient should be admitted for 24-48 hours due to risk of developing liver failure, renal failure or rhabdomyolysis



# SOURCES

- Uptodate:
  - **Clinical manifestations and evaluation of mushroom poisoning**
  - **Management of mushroom poisoning**

