For pediatricians, it is hard to imagine a week going by without a child accidentally or intentionally ingesting some random substance. The phone calls from concerned parents go something like this: “Umm, he ate the dog’s poop” or “he ate his own poop” or “she ate the dirt from a potted plant.”

So, news that alcohol-based hand sanitizer made the list of such ingestions by children came as no big surprise. After all, it glistens, oozes, sometimes sparkles and seems to abound in homes, schools, offices, travel gear or key chains these days.

What is of interest is the fact that the occurrence of such innocent, voluntary or mischievous misdeeds with respect to hand sanitizer happened enough times to warrant the Centers for Disease Control and Prevention to tally and analyze data reported to the National Poison Data System (NPDS) during 2011-2014. The results were published in a Morbidity and Mortality Weekly Report which addresses the problems arising from aberrant exposures of these ethanol or isopropyl alcohol-based sanitizer solutions as well as the nonalcohol-based sanitizer products in children less than or equal to 12 years of age. But, we will get to that shortly.

Surviving and thriving through the whacky adventures of parenting— in particular of the younger child— requires a good sense of humor. Otherwise, the tears in the extreme panic-filled moments will overwhelm, consume and debilitate.

For these reasons, poison control centers can often provide a calming ear at the very least or help form a rather immediate and decisive plan should the toxic ingestion pose more significant harmful risks. As toxins go, how aggressive the intervention depends on the substance itself, the dose and
routinely the size and health status of the child.

In the population studied [2] over the three year duration, 70,669 hand sanitizer exposures were reported: 92% were alcohol-based, 8% nonalcohol-based. The groups were divided into those 0-5 years and 6-12 years. In the younger set, ingestion was the predominant route as was an inadvertent nature the cause. The older children had a higher percentage of eye exposures and intentional ingestion which increases suspicion for misuse or abuse of the alcohol-based solutions. Other means of absorption include through the skin and inhalation.

Overall, 12% experienced at least one symptom with adverse effects— more frequently experienced by the alcohol-based set and with worse outcome. The range included nausea, vomiting, eye and oral irritation, drowsiness, cough, conjunctivitis and belly pain. Rare but profound ailments involved coma (5 kids), seizures (3), low blood sugar (2), metabolic disturbances and slowed or suppressed breathing (2). Of the reports, there were no mortalities.

The public health alert [2] is intended to bring awareness to the public and pediatricians should they encounter signs of alcohol toxicity on an exam of a child. Storing these products away from children along with emphasizing hand washing with soap and water are examples of important steps to take to avoid such untoward consequences.

It is also meaningful —no matter the culprit —that a parent has a keen understanding of who their child is and what they are capable of getting into that could pose risks.

In early childhood, there is an explosion of development as milestones are met and surpassed as swiftly as new ones present themselves. After six months of age especially, babies become fascinated by their environments. Textures, scents, sounds, smells, you-name-it provide endless allure. Heck, the crunching of the exam table’s paper in a doctor’s office can be its own activity to sustain a young child indefinitely.

Combine that zeal of discovery and increasing stimulation by maturing sight, for instance, and all the senses with an ever advancing mobility and those younger than 5 years of age become a hazard to themselves and their communities. There is a spectrum of child, of course. While one might be more subdued, another could swing from the rafters if permitted. Allowing the latter is certainly not the recommendation of any health professional.

As I have written in my series Inanimate Objects in Orifices [3], children will stick objects anywhere they can at any time. Your role as a parent is to balance prioritizing their safety with finding the joy in the ambiguity. Pervasive fear does not need to paralyze you from living.

Navigating the world with small children can seem quite daunting as points-of-view become marred by potential dangers instead of possible wonders. It is very reasonable to have fears and carry a new weight of worry when you become a parent. Your challenge is not to allow your world to be consumed by them. Easy to say, tougher to do.

Recognize that things outside of your control will always take place. To avoid and minimize the agony of emergency room visits, prevention is your best ally.
So, here are some useful tips:

- If someone is unconscious or not breathing, then call 911. Do not delay care to determine what was ingested—someone can always go back to the home, for example.
- Know your child. Especially with the younger stages where every week to month is like a year of development. With toddlers especially, get on the ground and see the world from their eyes and continually reassess what they can and cannot get into.
- Have your local poison control center number, pediatrician, hospital phone numbers and addresses prominently displayed in a central location and accessible.
- Be aware of your surroundings in general as well as your child’s—for instance, are there over-the-counter or prescription medications within reach? Did grandma leave her heart medicine on the coffee table? Cleaning products? Is your child unattended near a body of water? And so on…
- There are specific and helpful guidelines on childproofing at all stages that can be found on the American Academy of Pediatrics (AAP) website (aap.org).
- Retain the product or item with label intact (ideally) so you can best help your medical provider help your child.
- For those teething, items like hand sanitizer are unsafe and regular discussions with your pediatrician are important at each phase of development to appreciate actual risks of exposures.
- Prepare where you can and seek early treatment when even a whiff of a possible ingestion or exposure occurs.
- Appreciate that children test limits, moreso at some stages than others. Always be one step ahead! (This holds true into adolescence, ha)

SOURCE(S):


NOTE(S):

You will notice in the background of the photo attached to this piece that there are inflated balloons in the child’s crib. This is a perfect example of an unsafe sleeping environment. To learn more about sleep safety and SIDS (sudden infant death syndrome), please review here from the CDC and here from the AAP.

COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

Source URL: https://www.acsh.org/news/2017/03/30/drunk-babies-no-more-partying-your-crib-11067

Links
[1] https://www.shutterstock.com
[2] https://www.cdc.gov/mmwr/volumes/66/wr/mm6608a5.htm