

LICE SHAMPOO OVEREXPOSURE



PART 1

A 3 year old Hispanic male was brought to the local emergency room by his Mother after experiencing a seizure in his home. Prior to this event, the child was discovered with the contents of a half-filled 2 ounce bottle of Lindane lice shampoo which he retrieved from the medicine cabinet in his home. His mother noted that the contents were on his cheek and chin, and he was trying to spit out the liquid; thus she induced vomiting by sticking her finger in his throat. She called her local poison control center. She was told that the product can cause seizures; but that her child probably did not ingest enough to be at risk. She was advised to give him fluids to dilute the Lindane that was ingested. About an hour later, the child fell on the bathroom floor and immediately began seizing (body stiffened, eyes rolled back in head, jaw shut tight, foamed at mouth); this seizure lasted for about 4 to 5 minutes.

Students should now take time to review the patient presentation and consider how they would proceed in treating the patient.

01

What makes children particularly susceptible to pesticide exposure?

02

What can be done to prevent these exposures?

03

What information would you want to obtain in a patient history and physical exam?

PART 2

The emergency room report is as follows:

The patient is a 3 year old male who drank 5 cc of Lindane shampoo 1% at 10:30 am that morning. The boy's mother initially saw some bubbles around his mouth. She did not note any other symptoms for approximately an hour following the initial observation; however, in about one hour, he vomited x 3. His mother reported that he fell and hit his head in the bathroom. She noted slight tremors at this time; and his teeth clenched briefly. She did not observe any cyanosis. He was able to make eye contact and appropriate vocalizations for the 5 minutes that the trembling lasted. No incontinence or confusion was associated with the episode. The patient has no history of seizures.

Physical Exam:

VS: 96.6, RR 20, HR 108, BP 91/64. The patient is alert, smiling and interactive. No rash, petechiae or purpura; cap refill <2sec.

Eyes: PERRLA, EOM's intact.

Ears: Tympanic membranes pearly gray bilat.

Mouth: Pharynx clear and moist. Neck & back nontender.

Lungs: Clear to auscultation bilat, no retractions.

Heart: RRR, no murmur.

Abdomen: Soft, + bowel tones, no hepatosplenomegaly, no tenderness/guarding/ rebound/masses.

Extremities: Full range of motion of all joints, no effusions or bony tenderness or deformity.

Neuro: Glasgow coma score is 15, gait is normal.

Question

What makes children particularly susceptible to pesticide exposure?

This is what occurred: The patient was kept in the emergency room where he was observed for a couple of hours; then he was discharged in stable condition. The family was given instructions to encourage fluids and follow up with a doctor if any changes in mental status or signs of further seizure activity are noted. They were also given a poison prevention sheet.