

PWNDERLAND HEALTH AUTHORITY

EMERGENCY TOXICOLOGY BULLETIN

Classification: URGENT - PUBLIC SAFETY WARNING

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Distribution: All Medical Facilities, Emergency Services, Public Health Officers

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⚠ CRITICAL WARNING: WILD MUSHROOM CONSUMPTION ⚠

The Pwnderland Health Authority has documented a significant increase in mushroom-related poisoning incidents across all regions of Pwnderland. This bulletin serves as an emergency advisory regarding the extreme dangers associated with consuming wild fungi.

HIGH-RISK SPECIES IDENTIFIED

● CATEGORY 1: PSYCHOACTIVE - HIGH RISK

AMANITA MUSCARIA (Fly Agaric)

- **Toxins Present:** Muscimol, Ibotenic Acid, Muscazone
- **Clinical Presentation:**
 - Initial: Drowsiness, confusion, euphoria
 - Progressive: Severe hallucinations, delirium
 - Advanced: Respiratory depression, coma
- **Fatality Rate:** 15-20% without immediate medical intervention
- **Treatment:** Supportive care, activated charcoal, benzodiazepines for agitation
- **Warning Signs:** Victim reports "seeing impossible things," talking to non-existent entities

PSILOCYBE SPECIES (Magic Mushrooms)

- **Toxins Present:** Psilocybin, Psilocin, Baeocystin
 - **Clinical Presentation:**
 - Acute: Nausea, vomiting, dilated pupils
 - Psychological: Severe panic attacks, paranoid delusions
 - Chronic: Persistent psychosis, flashback episodes
 - **Complications:** Self-harm during hallucinations, accidental trauma
 - **Legal Status:** Controlled substances - possession punishable under Pwnderland law
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CATEGORY 2: CYTOTOXIC - EXTREME RISK

INOCYBE VIOLACEA (Violet Fiber Head)

- **Toxins Present:** Muscarine (extremely high concentrations)
 - **Clinical Presentation:**
 - Onset: 15-30 minutes post-ingestion
 - Symptoms: Profuse sweating, excessive salivation, severe abdominal cramping
 - Cardiovascular: Bradycardia, hypotension, cardiac arrest
 - **Fatality Rate:** 45% if untreated within first hour
 - **Antidote:** Atropine sulfate (immediate administration required)
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CATEGORY 3: AMATOXIN SYNDROME - INVARIABLY FATAL

AMANITA BISPORIGERA (Destroying Angel)

AMANITA PHALLOIDES (Death Cap)

- **Toxins Present:** α -Amanitin, β -Amanitin, Phalloidin
- **Clinical Course (Triphasic):**

Phase I (6-12 hours): Severe gastroenteritis

- Violent vomiting, bloody diarrhea, extreme dehydration
- Patients often feel "better" after this phase (FALSE RECOVERY)

Phase II (12-24 hours): Apparent recovery

- Deceptive improvement in symptoms
- Cellular damage continues undetected

Phase III (2-8 days): Multi-organ failure

- Acute hepatic necrosis
 - Renal failure requiring dialysis
 - Coagulopathy and bleeding disorders
 - Encephalopathy and coma
 - **Fatality Rate:** 90-95% even with aggressive treatment
 - **No Effective Antidote Exists**
 - **Treatment:** Liver transplantation (if available), supportive care
 - **Identifying Feature:** Pure white appearance, sweet odor (deceptive)
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EMERGENCY PROTOCOLS

FOR SUSPECTED AMATOXIN POISONING:

1. **IMMEDIATE GASTRIC DECONTAMINATION** (within 1 hour)
2. **Activate Charcoal** - Multiple doses
3. **IV Fluid Resuscitation** - Monitor electrolytes
4. **Contact Liver Transplant Center** - Do not delay
5. **Consider Experimental Treatments:**
 - Silibinin (milk thistle extract)
 - N-acetylcysteine
 - Penicillin G (high dose)

CONTRAINDICATIONS:

- **Never induce vomiting** after 1 hour post-ingestion
 - **Avoid dairy products** (accelerates toxin absorption)
 - **Do not discharge patients** showing initial improvement
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STATISTICAL DATA - WONDERLAND REGION

2024 Mushroom Poisoning Cases:

- Total reported incidents: 147
- Fatalities: 23 (15.6%)
- Most common species involved: *Amanita bisporigera* (52% of fatal cases)
- Peak season: Late summer through early autumn
- Most affected demographic: Ages 20-35 (recreational foraging)

High-Risk Locations:

- Looking Glass Forest: 34 incidents
 - Tulgey Wood: 28 incidents
 - Queen's Gardens: 21 incidents
 - Mad Hatter's Territory: 19 incidents
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PUBLIC SAFETY RECOMMENDATIONS

FOR HEALTHCARE PROVIDERS:

- Maintain high index of suspicion for mushroom poisoning
- Obtain detailed foraging history from all GI patients
- Preserve mushroom samples for identification
- Contact Poison Control immediately: 1-800-RABBIT-HOLE

FOR THE PUBLIC:

- **NEVER consume wild mushrooms** without expert identification
- Cooking does NOT destroy mushroom toxins
- "Old wives' tales" about mushroom safety are unreliable
- When in doubt, contact emergency services immediately

SPECIAL POPULATIONS AT RISK:


- **Children:** Higher susceptibility to toxins
- **Elderly:** Reduced hepatic reserve
- **Pregnant Women:** Risk of fetal harm
- **Individuals with Liver Disease:** Exponentially increased risk

LEGAL IMPLICATIONS

Under Section 23.7 of the Pwnderland Public Safety Code, the distribution of wild mushrooms without proper certification is punishable by up to 10 years in the Queen's dungeon. Healthcare providers are legally obligated to report suspected mushroom poisoning cases to the Royal Health Authority within 24 hours.

RESEARCH UPDATES

Recent studies by the University of Pwnderland's Toxicology Department indicate that climate change has increased toxin concentrations in local fungi by 23% over the past five years. New hybrid species with unpredictable toxicity profiles have been identified near the Caucus Race Grounds.

Symbol Recognition Training: Emergency responders should familiarize themselves with traditional warning symbols () historically used to mark dangerous substances. These symbols often appear in old texts and may indicate areas of high toxin concentration.

CONTACT INFORMATION

Emergency Poisoning Hotline: 1-800-RABBIT-HOLE
Pwnderland Health Authority: wonderland.health.gov
Chief Toxicologist Office: Dr. A. Caterpillar - ext. 2847
Regional Poison Control Centers: Available 24/7/365

This bulletin supersedes all previous mushroom safety advisories. Distribute immediately to all medical personnel, emergency services, and public health officers.

"In matters of life and death, there is no room for curiosity without caution."

— Dr. Absolem Caterpillar, Chief of Toxicology

Pwnderland Health Authority

Document Classification: UNCLASSIFIED - FOR PUBLIC DISTRIBUTION

Next Review Date: September 15, 2025

Version: 3.2 (Updated with latest mortality statistics)**