expansion is vital in the treatment of pediatric shock.

The emergency department nurse's responsibility is to be prepared for immediate intervention with all of the necessary equipment. Because time and speed are critical factors in recovery from serious poisonings, anticipation of potential problems and complications may mean the difference between life and death.

Gastric Decontamination

Although pediatric poison ingestions are common, they rarely result in significant morbidity or mortality (Bronstein, Spyker, Cantilena, et al, 2012). Consider using gastrointestinal decontamination (GID) only after careful evaluation of the potential toxicity of the poison and the risks versus benefits. GID (such as ipecac, activated charcoal, and gastric lavage) is not routinely recommended for most childhood poisonings. Because of continuing controversy regarding the use of these methods, treat each toxic ingestion individually (Albertson, Owen, Sutter, et al, 2011). Specific antidotes may be administered for certain poisonings.

Syrup of ipecac, an emetic that exerts its action through irritation of the gastric mucosa and by stimulation of the vomiting center, is no longer recommended for routine treatment of poison ingestion (Theurer and Bhavsar, 2013; Albertson, Owen, Sutter, et al, 2011).

Nursing Alert

Syrup of ipecac is not recommended for routine poison treatment intervention in the home (Theurer and Bhavsar, 2013; Albertson, Owen, Sutter, et al, 2011).

A common method of GID is the use of **activated charcoal**, an odorless, tasteless, fine black powder that absorbs many compounds, creating a stable complex (Frithsen and Simpson, 2010). The use of activated charcoal has become less common and was used in only 1.2% of pediatric toxic exposures in 2011 (Bronstein, Spyker, Cantilena, et al, 2012). Activated charcoal may be considered in the following situations:

- Child may have ingested large amounts of carbamazepine, dapsone, phenobarbital, quinine, or theophylline.