- Time to activated charcoal administration is within 1 hour after the poison ingestion.
- Child has an intact or protected airway.

Activated charcoal is mixed with water or a saline cathartic to form a slurry. Slurries are neither gritty nor distasteful but resemble black mud. To increase the child's acceptance of activated charcoal, the nurse should mix it with small amounts of chocolate milk, fruit syrup, or cola drinks and serve it through a straw in an opaque container with a cover (e.g., a disposable coffee cup and lid) or an ordinary cup covered with aluminum foil or placed inside a small paper bag. Super-activated charcoal has three to four times the surface area and can absorb greater quantities of poison (Olson, 2010). For small children, a nasogastric tube may be required to administer activated charcoal. Potential complications from the use of activated charcoal include vomiting and potential aspiration, constipation, and intestinal obstruction (in multiple doses) (Albertson, Owen, Sutter, et al, 2011).

If the child is admitted to an emergency facility, **gastric lavage** may be performed to empty the stomach of the toxic agent; however, this procedure can be associated with serious complications (gastrointestinal perforation, hypoxia, aspiration). There is no conclusive evidence that gastric lavage decreases morbidity and is no longer recommended to be performed routinely, if at all (Albertson, Owen, Sutter, et al, 2011; Benson, Hoppu, Troutman, et al, 2013). In addition, gastric lavage may be of little benefit if used later than 1 hour after ingestion (Albertson, Owen, Sutter, et al, 2011; McGregor, Parkar, and Rao, 2009). Conditions that may be appropriate for the use of gastric lavage include presentation within 1 hour of ingestion of a toxin, ingestion in patient who has decreased gastrointestinal motility, the ingestion of a toxic amount of sustained-release medication, and a large or life-threatening amount of poison (Albertson, Owen, Sutter, et al, 2011). When gastric lavage is used, the patient requires a protected airway, possible sedation, and the largest diameter tube that can be inserted to facilitate passage of gastric contents. Gastric lavage should only be performed by medical personnel with proper training and expertise (Benson, Hoppu, Troutman, et al, 2013).

In a minority of poisonings, specific **antidotes** are available to counteract the poison. They are highly effective and should be