

A poisoning is more than a physical emergency for the child; it also usually represents an emotional crisis for the parents, particularly in terms of guilt, self-reproach, and insecurity in the parenting role. The emergency department is no place to admonish the family for negligence, lack of appropriate supervision, or failure to injury proof the home. Rather, it is a time to calm and support the child and parents while unaccusingly exploring the circumstances of the injury. If the nurse prematurely attempts to discuss ways of preventing such an incident from recurring, the parents' anxiety will block out any suggestions or offered guidance. Therefore it is preferable for the nurse to delay the discussion until the child's condition is stabilized or, if the child is discharged immediately after emergency treatment, to make a public health referral or send a packet of information.

Passive measures (those that do not require active participation) have been the most successful in preventing poisoning and include using child-resistant closures and limiting the number of tablets in one container. However, these measures alone are not sufficient to prevent poisoning, because most toxic agents in the home do not have safety closures. Therefore **active measures** (those that require participation) are essential. The [Nursing Care Guidelines](#) box lists the guidelines for preventing the occurrence or recurrence of a poisoning.

Nursing Care Guidelines

Poison Prevention

- Assess possible contributing factors in occurrence of injury, such as discipline, parent–child relationship, developmental ability, environmental factors, and behavior problems.
- Institute anticipatory guidance for possible future injuries based on child's age and developmental level.
- Initiate referral to appropriate agency to evaluate home environment and need for injury-proofing measures.