ANTIDOTES AND OTHER SUBSTANCES USED IN POISONINGS

4.1 Non-specific

For ‘greens’: Is there any reason not to endorse these as essential medicines for children? No

**charcoal, activated**

Do these medicines meet a public health? Yes

Are they registered for use in (all age categories of) children? Yes

Single dose:
Charcoal with sorbitol
Infants < 1 year: not recommended
Children 1-12 years 1-2g/kg or 25-50g or approximately 5-10 times the weight of the ingest poison on a gram-to-gram basis; 1g adsorbs 100-1000mg of poison; in young children sorbitol should be repeated to no more than 1-2 times/day.

Single dose:
Charcoal with water
Infants < 1 year: 1g/kg
Children 1-12 years 1-2g/kg or 25-50g

Multiple dose: charcoal in water (doses are repeated until clinical observations of toxicity subside and serum drug concentrations have returned to a subtherapeutic range or until the development of absent bowel sounds or ileus; use only one dose of cathartic daily)
Infants < 1 year: 1g/kg every 4-6 hours
Children 1-12 years 1-2g/kg or 15-30g every 2-6 hours


Are they any unanswered/unexpected clinical issues with respect to effectiveness or safety? No
Are there special requeriments or training needed for safe/effective use? Yes

Activated charcoal is most commonly given as a slurry in water but this is often unpalatable because of the colour, gritty taste, lack of flavour, and difficulty in swallowing. Flavourings and other excipients are often added in an attempt to improve palatability, although the effect of any additives on the adsorptive capacity of charcoal needs to be considered. Studies in vitro or in healthy subjects indicated that some foods such as ice cream, milk, and cocoa might inhibit the adsorptive capacity of activated charcoal, whereas starches and jams appeared to have no effect. Carmellose has improved palatability although it might also reduce adsorptive capacity. Saccharin sodium, sucrose, or sorbitol may be suitable additives, although there may be problems associated with sorbitol-containing products (see under Poisoning, Activated Charcoal). Chocolate syrup has also been used but the sweetness and flavour may disappear after a few minutes of contact with the activated charcoal. A more recent study of charcoal use in children with suspected poisoning found no evidence that use of flavourings improved the success of administration.


Additional comments if any:

Action proposed for the Committee to take: to approve