

**CASE STUDY 14.3**

## Accidental Ingestion

### ■ Plan

The tone sounds at 12:04 P.M. (1204 hours) for an accidental ingestion of a pesticide, involving a 10-month-old male. You consider the following:

- Advanced life support (ALS) response, rapid assessment, and rapid transport
- Airway or breathing problems
- Type and quantity of product

### ■ Assess

A 16-year-old babysitter meets you at the curb at 16607 NE 143rd Street, with the patient in her arms. You examine the lethargic child and notice an unusually large amount of drool coming from his mouth. The babysitter shows your partner a container of Diazinon™ and states that he swallowed “quite a bit” before she caught him. **Table 14-3** outlines the elements of this patient’s clinical picture.

**Table 14-3** Case Study: Accidental Ingestion

<b>NOI</b>	Accidental ingestion
<b>Appearance</b>	Lethargic and flaccid
<b>Work of Breathing</b>	Little air movement, at 8 breaths/min
<b>Circulation/Skin Signs</b>	Weak brachial pulse, at 68 beats/min; skin is flushed and wet

**MAKE A DECISION**

◀ **SICK**

**NOT SICK** ▶

## Discussion

This child presents an alarming clinical picture. The fact that he is not crying and has poor spontaneous motor activity (or exhibits lethargy) indicates that he belongs in the **SICK** category. His breathing is too slow for a child his age (normal range is 25-50 breaths/min). In addition, his pulse has slowed to 68 beats/min, an ominous sign (normal range is 100-160 beats/min). Always remember to appreciate the need for full body substance isolation (BSI) measures in the face of a possible pesticide contamination.

