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Emergency Treatment of Poisoning and the "B.N.F."

SIR,—The 1971 edition of the *British National Formulary*¹ is by now in the hands of most doctors and pharmacists in Britain. The chapter on emergency treatment of poisoning contains, especially under "General Measures," much that is misleading. Examples of the recommendations called to question are as follows. They are given not in order of importance but as they appear on pages 25-33 of the *B.N.F.* 1971.

Treatment in Hospital

The second sentence of the opening paragraph on page 25 states "Cases of any severity are best treated in hospital." Confusion arises when it is then read (p. 27) "Transport to hospital is usually advisable in severe poisoning." Apart from the confusion engendered by "any severity" and "severe poisoning," both, in the practice of good medicine, are wrong. The Hill report,² *Hospital Treatment of Acute Poisoning*, was accepted by the Health Departments as outlining correct procedure. Page 22 of that report states "all cases of deliberate self-poisoning should be referred to a designated poisoning treatment centre, regardless of the seriousness or otherwise of their medical condition." To advise admission only for "cases of any severity" or "severe poisoning" is to ignore the Health Departments' recommendation and, more importantly, to display ignorance of why the majority of adults poison themselves.

Page 25: "it may be possible to diagnose the poison from the circumstances and clinical state as with . . . barbiturates." There is no "clinical state" which is typical of barbiturates, as opposed to other hypnotic intoxications.

Emptying the Stomach

Emptying the stomach, p. 26: "Removal of the poison by stomach washouts has little application." This is a misleading and dangerous statement. Having stated it has little application, the *Formulary* in subsequent paragraphs goes on to indicate how very often it should be used and is of value. It states that "stomach washouts should be considered in all cases (of salicylate poisoning)" (p. 28). Salicylates are the second most commonly involved drug in adult poisoning. Also on p. 28, in iron poisoning "a gastric washout . . . as soon as possible"—this after aspirin being the second most common drug involved in poisoning in children. In poisoning by plants and berries (p. 32) the advice is "The stomach should be emptied in all cases." In paraquat poisoning (p. 31) "There is no specific treatment after washing out the stomach."

"In coma, [emptying the stomach] should probably not be done without a cuffed endotracheal tube in place." The word "probably" should clearly be omitted. It is inviting disaster, should the cough reflex be absent, to perform gastric aspiration and lavage in comatose patients without such a tube inserted.

Emptying the stomach "should not be attempted in corrosive poisoning." This is certainly open to doubt. The corrosive when absorbed may well do greater harm than might accrue from gastric aspiration and lavage.

"No poison is likely to be removed [by gastric aspiration and lavage] in most suicide attempts because it will have been absorbed by the time the patient is found." This is wholly misleading and is not supported by

published evidence. Such advice could lead in certain circumstances to endangering the patient's life.

"Apomorphine and ipecacuanha are unreliable and dangerous." While the reliability of syrup of ipecac in inducing effective emesis has been questioned, ipecac is certainly not dangerous unless of course the tincture of ipecac is used in error. To condemn as dangerous a treatment used almost universally by paediatricians is to say the least surprising.

"Where there is no contraindication a wide bore tube can be passed and the stomach contents run out by tilting the patient head down." How wide is a wide bore tube? This procedure does not reflect currently accepted practice. "Sometimes the air passages may have to be excluded by a cuffed endotracheal tube." Death would certainly ensue if they were "excluded."

Shock and Circulatory Failure

"The effective [blood] volume . . . should be expanded by blood or high molecular weight dextran." "Little more than half a litre is required and excess is dangerous." To quote the limit of infusion as "little more than half a litre" is grossly misleading and dangerous.

Temperature regulation on p. 27. Having stated correctly that the patient should be allowed to warm himself up in an ambient temperature of 21°C it is stated that "sources of heat such as hot bottles and electric blankets are liable to cause burns." While such a caveat is appropriate in first-aid manuals, the real reason why such sources of heat should not be used in hypothermia is not given.