

USE OF SINGLE DOSE ACTIVATED CHARCOAL: A SURVEY OF AUSTRALIAN EMERGENCY DOCTORS

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Objectives: Single-Dose-Activated- Charcoal (SDAC) is recommended to be used within the first few hours of ingestion to minimise systemic absorption of some toxins (1). However its use has declined in recent years. This study compared the knowledge of the indications for the use of SDAC by Emergency doctors and toxicologists working in Australia.

Methods: We conducted a cross-sectional survey of emergency registrars, consultants and toxicologists in Australia. The survey was distributed through convenience sampling with paper copies and email link. Participants were given six clinical scenarios, in which they were asked if they would or would not administer SDAC or were unsure. The responses from the emergency doctors were compared with that given by the clinical toxicologist. Statistical calculations were performed using Fisher's Exact test, statistical significance $p = <0.05$.

Results: There were 369 consultants and registrars who participated in the survey, 16 toxicologists provided answers for comparison. (Table 1)

Table 1: Results of the survey.

		APAP 15 g presents within 1 hr	APAP 15 g presents 3 hr post ingestion	Toxins not bound by SDAC: iron	Toxins not bound by SDAC: methylated spirit	Verapamil(ER) 480mg, 3yr presents 90 mins post ingestion	Venlafaxine (XR) 4.2 g presents 2 hrs post ingestion
Emergency Physicians And Emergency Registrars	Total Respondents	355	348	347	337	344	337
	Would offer SDAC	187(53%)	24(7%)	28(8%)	5(2%)	148(43%)	97(29%)
	Would not offer SDAC	128(36%)	293(84%)	268(77%)	291(86%)	77(22%)	153(45%)
	Unsure	40(11%)	31(9%)	51(15%)	41(12%)	119(35%)	87(26%)
Clinical Toxicologist	Total Respondents	16	15	15	15	15	15
	Would offer SDAC	14(88%)	2(14%)	0	0	13(87%)	8(53%)



	Would not offer SDAC	2(12%)	13(87%)	15(100%))	15(100%)	2(14%)	7(47%)
Difference between the groups (p value)*		P=0.029	NS**	NS	NS	P=0.001	P=0.018

*Fischer's Exact Test

**NS – not significant