TRENDS IN PAEDIATRIC POISONING IN THE NORTH-CENTRAL PROVINCE OF SRI LANKA: A TERTIARY CARE HOSPITAL EXPERIENCE

MBKC Dayasiri,[1] SF Jayamanne,[2] YC Jayasinghe[2] [1]Teaching Hospital, Anuradhpura, [2]Faculty of Medicine, University of Kelaniya, Sri Lanka

Objectives: This prospective study identifies the trends in acute paediatrics poisoning in the north-central province (NCP) of Sri Lanka. Demoghaphic characteristics, and reasons for delayed patient presentations. The study also describes the risk factors, complications and the outcome of acute poisoning among children living in NCP.

Methods: All children presented acutely with a history of either accident or deliberate poisoning to all paediatric casualties at Anuradhapura teaching hospital were included in the study. Data were collected prospectively by the principal investigator himself using clinical interviews, focused group discussions, clinical observations and bed head ticket based records over a period of five months.

Results: Analysis was based on 106 children. There was equal sex distribution with majority being preschoolers (49%). Majority of parents were agricultural workers (24%) and were from 20 "Medical Officer of Health" divisions in the NCP. Sixty-seven children had been transferred from primary and secondary care units of the province for specialised management. Accidental poisoning was predominantly observed (99%), and commonest poison had been Kerosene (24%) followed by Riccinus (12%), Parcetomol (10%), and Abrus (9%). Reasons for delayed medical care included lack of knowledge (12%), lack of concern regarding the urgency (9.4%), lack of transport (8%), and financial problems (6%). No cases were reported with delayed attention by the medical team. Acute liver injury (4 cases), convulsions (3 cases), and chemical pneumonitis (2 cases) were among the complications observed following poisoning. Risk factor analysis revealed inadequate supervision by the parents as the commonest risk factor (88.5%) associated with paediatric poisoning followed by, unsafe storage of household chemicals (47.5%), poor extended family support (32%), unsafe storage of medicines (32%), economic family stressors (19.6%), poor maternal education (11%), and presence of poisonous plants in the nighbourhood (10%).

Conclusions: Preschoolers become victims of acute paediatric poisoning mostly secondary to inadequate supervision by their parents and unsafe storage of poisons. As poor storage of medicines, household chemicals are increasingly associated with accidental poisoning; community education and safe storage will reduce the incidence of paediatric poisoning in NCP.