Commentary

Guest Editorial: There's danger in that medicine bottle

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There's Danger in That Medicine Bottle

From the American Dental Association
Bureau of Communications

It happened in Albany. A two-year-old tot swallowed a box of yellow pills she found in grandma's purse. And, in Seattle, a feverish, thirsty child polished off a bottle of pink syrup that had been left on a shelf near his crib.

Both of these accidents, fortunately, turned out "all right."

The children involved recovered completely.

Only the parents suffered a frightening experience which alerted them to the need to prevent such accidents in the future.

But statistics compiled by the National Clearinghouse for some 600 poison control centers around the country indicate that all too frequently accidents occur in which children suffer severe injuries and even death.

Each year, more than half a million youngsters will accidentally swallow poisonous products—including medicines—found in their own homes. As many as 2,000 or more may die from ingesting such products. Since these are only estimates, the actual numbers could be considerably higher.

Such injury and death figures are alarming. It is hoped they *will* alarm you—to the extent that you will understand that poison prevention is necessary for all parents and their children. And as dentists, we have a

stake in poison prevention too. We can and should make sure that our patients are informed on positive steps they can take to protect their children from the misuse of the medicines we prescribe.

Of prime importance, parents must understand that the hazards to young children increase with age, and proper precautions must be taken for each successive stage of a child's development.

During this year's observance of National Poison Prevention Week — March 15-21 — is an ideal time to re-examine our prescribing procedures to assure that we are doing everything possible to avoid needless accidental poisonings among our patients' families.

For example, many prescriptions and over-the-counter medications generally prescribed by dentists already are packaged in containers that have proved to be fairly difficult for youngsters to open. In prescription writing, however, we should remind the pharmacist to utilize child-proof containers wherever possible. Our patients should also be cautioned to close the packages after using them so that the safety feature is put to use.

On the other hand, special packaging does not totally eliminate the need for traditional preventive measures to

protect children from accidental poisonings.

Counseling parents on the dangers of misusing medicines should include information on the rearrangement of storage. Most bathroom cabinets do not have locks. Better alternatives may be lockable cabinets, drawers or linen closets.

Further:

- Medicines should never be referred to as "candy."
- Adults should avoid taking medicines in front of children.
- All medications should be properly labeled. Labels should be read before using, paying close attention to recommended dosages.
- Lights should always be on when giving or taking medicines.
- Medicines should never be set aside to answer the door or the telephone.
- Medicines should be kept in their original containers.
- A poison-antidote chart should be posted in the medicine cabinet.

Finally, an important aspect of a comprehensive poison prevention program in the dental practice should include a simple reminder to all adult patients on the proper use of and respect for medications. A brief review of these tips should be welcomed to avoid danger in that medicine bottle.