



## **Case Management Guideline: PLANT INGESTION**

### **I. PURPOSE**

To assure prompt and accurate treatment of potentially toxic plant exposures.

### **II. BACKGROUND**

Plant ingestions account for approximately 10% of the total requests for help to the Washington Poison Center (WPC). While plant exposures are frequent, especially with the pediatric patient, serious poisonings are extremely rare. Although there are thousands of species of plants capable of producing moderate, severe, or possibly fatal poisoning if sufficient amounts are ingested, relatively few cases of serious intoxication occur in the United States, and these are associated with a limited number of plants. Moreover, AAPCC TESS data reveal less than 2 deaths per year - usually an adult.

### **III. PROCEDURE**

#### **A) History of Ingestion**

Gather standard history from the caller regarding the exposure; including type of plant if known (houseplant vs. outdoor), quantity ingested, time of ingestion, and onset of any symptoms experienced.

#### **B) Plant Identification**

If the caller claims to know the plant's identity, confirm that the caller is reasonably confident about identification. If the identification seems questionable, treat as an unknown plant.

##### **1) Known Plant:**

###### **a. Toxicity**

1. Based on the history of exposure and plant identification, assess the potential for toxicity from the ingestion. Consider if the plant is known to be toxic, range of toxicity, expected symptoms, onset of symptoms, etc.

###### **b. Treatment**

1. Based on the history of exposure and potential toxicity of suspected plant, recommend:
2. Wash skin thoroughly using soap and water.

Case Management Guideline: Plant Ingestion

3. **Home observation**, with ad-lib food and fluid intake, if the history suggests the amount of plant likely consumed is minimal (a few berries, or a few mouthfuls).
4. **Decontamination with SOI** if history suggests the amount of plant material is "large"; and might prove to be harmful, AND less than 30-60 minutes has transpired. Large ingestions are subjective and may be more than a handful of berries, a handful of small leaves, or one large leaf (> 3" x 5"). Follow according to the *Decontamination* guideline.
5. **Refer patient into a Health Care Facility** (HCF) only if significant symptoms develop and persist.

Note: Referral to an emergency department is rarely needed.


2) Unknown Plant:

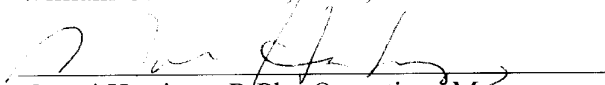
- a. Most often, close observation at home is all that is warranted. Consider the following when making treatment recommendations:
  1. Really toxic plants are rare
  2. Worst case scenario for amount ingested
  3. Reliability of care providers, etc.
- b. Should reasonable doubt exist, and time lapse is less than 30-60 minutes evacuate the stomach with Ipecac - and observe. Follow according to the *Decontamination* guideline.

3) For mushroom ingestions: Follow the *Mushroom Ingestion* guideline.

C) Follow-up

- 1) If the patient is observed at home, alert the caller to possible symptoms and instruct him or her to call back if symptoms occur or they have further concerns.
- 2) If Syrup of Ipecac is administered, follow up per the *Decontamination* guideline.
- 3) If the patient is referred into a health care facility, follow up per the *Handling and Scheduling Follow-Up Calls* Procedure.

  
\_\_\_\_\_  
William O. Robertson, M.D., Medical Director

  
\_\_\_\_\_  
Noemi Hastings, R.Ph., Operations Manager

Approved: 3-80  
Revised: 9-03  
Reviewed: 11-04

Y:\MSData\Guidelines, Policy, Procedure\Case Mgmt Guideline\Plant 9-03.doc