



To: ALL HEALTH CARE PROFESSIONALS

From: Ron Kirschner, MD, Medical Director, Nebraska Regional Poison Center

Subject: Gastrointestinal decontamination with activated charcoal

Date: 9/15/14

- Patients with toxic ingestions are often given activated charcoal (AC) to limit systemic absorption.
- AC works by adhering to organic substances and is thought to be helpful for most drug ingestions.
 - AC is not recommended for salts (such as KCl), alcohols, detergents, caustics, metals, or hydrocarbons.
 - Evidence supporting the use of AC is mainly derived from volunteer and animal studies because controlled trials are difficult to carry out in overdose patients.
- AC is most effective when given within 1-2 hours of ingestion. There are some exceptions to this rule – most notably aspirin, where AC can be helpful much later due to delayed absorption.
 - The optimal dose is unknown; in practice patients are often given doses in the range of 0.5-1g/kg.
- Up to 20% of patients will vomit after AC, so it should only be given to patients alert enough to protect the airway in the event of vomiting.
 - We recommend that AC only be given if the patient is alert enough to drink it.
 - For patients ill enough to require intubation, the benefits of AC are likely to be minimal and there is still some risk of aspiration, so AC is generally not recommended.
- AC requires a working GI tract so it should only be given if bowel sounds are present and there is a soft abdomen.
- In theory, multiple dose AC (MDAC) can hasten clearance for a handful of specific drugs (phenytoin, phenobarbital, theophylline, caffeine) through “intestinal dialysis”, even after systemic absorption has occurred.
 - In practice, MDAC is often not feasible due to vomiting or altered mental status.
- As with any treatment, the decision to give AC should be based on an assessment of the potential benefits and risks. Please call the Poison Center for case-specific recommendations.

Reference

Olson KR. Activated charcoal for acute poisoning: One toxicologist’s journey. *J Med Toxicol* 2010; 6: 190.