PARAFFIN INGESTION

What is the problem?
- Paraffin Ingestion has occurred if there is a history or clinical evidence of paraffin ingestion

Why is it important?
- Morbidity: aspiration → chemical pneumonitis → super-infection
- Mortality: as above

What is the severity?
- Any child who has ingested paraffin is at risk for chemical pneumonitis

What are the implications of severity?

| Always admit a child who has ingested paraffin (if the child ingested the paraffin >24 hours prior to presentation AND is completely asymptomatic, it is reasonable to reassure and send home) |

What is the cause?
- Conditions to exclude: pre-existing pneumonia
- Investigations necessary: chest x-ray on admission

What is the management

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<th>NEVER INDUCE VOMITING</th>
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- In-patient:
  - asymptomatic - observe x 24 hours from time of ingestion
  - pneumonitis - O₂ as for ARI, prophylactic AMOXYCILLIN 10-25mg/kg 8H PO or 6H IV
- In-transit:
  - O₂, propped up, airway if there is respiratory failure, then refer to a Paediatric ICU

When to discharge?
- Can go home if asymptomatic x 24 hours

What is the follow up?
- Nil if... asymptomatic x 24 hours
- Level 1 if... X-ray evidence of chemical pneumonitis
- Level 2 if... symptoms/signs at discharge

What are the preventive measures?
- Home-based: paraffin out of reach, no vomiting if ingested
- Health service-based: accident and poisoning prevention education

What information should be given to caregivers?
- Pneumonitis is extremely dangerous
- The management is supportive mainly
- The prognosis depends on severity of the pneumonitis
- The follow up depends on condition at discharge
- The prevention: out of reach, don’t put paraffin in cooldrink bottles, don’t induce vomiting