

ERRONEOUS INTRAVENOUS INJECTIONS

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INTRODUCTION

Erroneous intravenous injection of the wrong drug or of drugs not intended for intravenous use is a rare event. Poison centers are sometimes asked to perform a risk evaluation after erroneous intravenous injections. This poster gives an overview of the calls received over 10 years (2006-2015) at the Belgian Poison Centre.



2006-2015

Total of calls to the poison centre: 437.371

Calls wrong drugs: 134

(0,03 %)

TYPE OF DRUG

Drugs not for IV: 113 Wrong IV drug: 21

VICTIMS

Adult: 72 Children: 55

Animals: 7 (4 dogs, 1 cow,

1 horse)

CASES WITH FOLLOW-UP SYMPTOMS

None: 21 Minor: 6 Moderate: 3 Major: 2

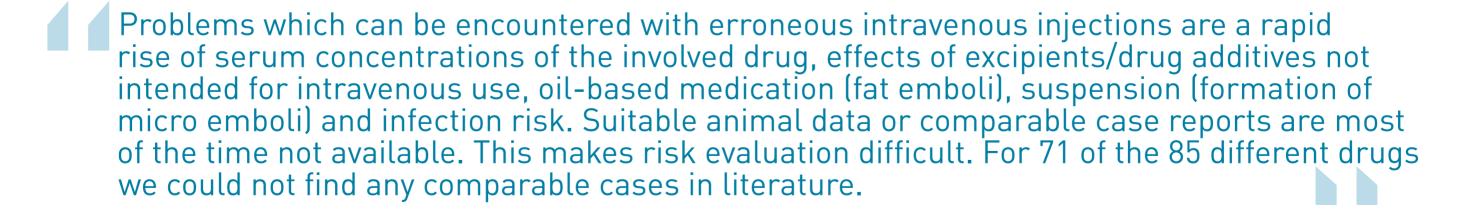
FREQUENCY OF DRUGS

Promethazine Methylprednisolone Ranitidine Paracetamol Amoxicillin Tranexamic acid Lidocaine Ceftriaxone Amoxicillin/Clavulanate Levetiracetam Olanzapine Salbutamol Chlorhexidine Chloral hydrate Thiamfenicol Saccharomyces 2 2 2 Levodropropizine Laxative Octreotride Tuberculin Others Total 134

TWO CASES WITH MAJOR SYMPTOMS

CASE 1: A two years old child received 5 Ml Amoxicillin/Clavulanate syrup intravenously. The child developed a hypotensive shock with 50/30 mmHg blood pressure and a high temperature of 39,3 °C. A start dose of Dobutamine was given, followed by an infusion at a rate of 10 µg/kg/min. The infusion could be stopped after 6.5 hours. There were no residual effects.

CASE 2: The second case with major symptoms was a 71 y. old man who received Vitamin D intravenously. He developed chest pain, dyspnea, cyanosis and hypotension. He was treated symptomatically and had no more symptoms the next day. While the Vitamin D drug contains arachis oil a thoracic scan was performed. There were no emboli visible.



CONCLUSION

Although a rare event erroneous intravenous injections can have serious consequences. To help Poison Control Centers to give a quick and adequate advice, sharing of experience in an international database would be a welcome tool for these centers.

