

# The CBHSQ Report

Spotlight

August 12, 2015\*



## UPDATE: EMERGENCY DEPARTMENT VISITS FOR ADVERSE REACTIONS TO MEDICATIONS AMONG CHILDREN AGED 12 OR YOUNGER

Parents and caregivers may give over-the-counter or prescription drugs to children for various reasons. Even when taken according to directions, however, drugs may cause harmful or unpleasant reactions. Children are at higher risk for adverse reactions to drugs than adults because they are smaller and have physical differences.<sup>1</sup> These differences affect how children's bodies break down drugs and how drugs are absorbed.<sup>1</sup>

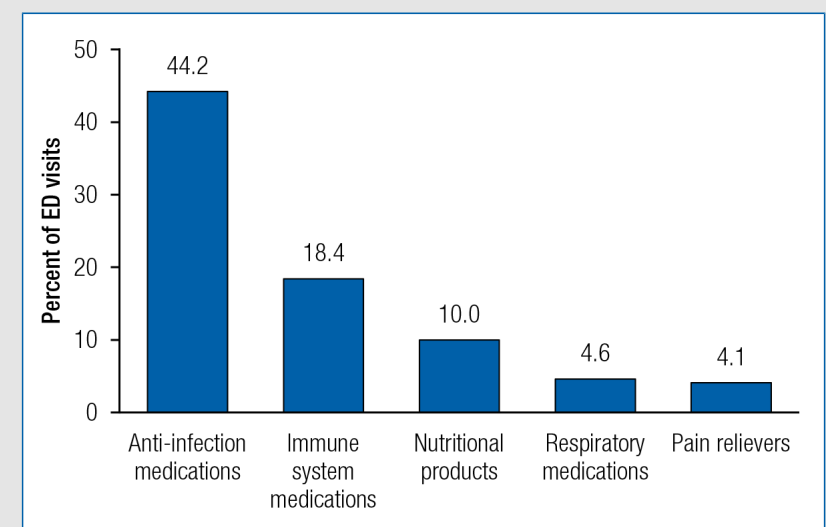
In 2011, an estimated 272,797 visits were made to emergency departments (EDs) by children aged 12 or younger for adverse reactions to drugs. Most of these visits resulted in children being treated and released (93 percent).

Drugs used to fight infections, including antibiotics, were involved most often. These drugs accounted for 120,479 ED visits. Drugs that act on the immune system were involved in approximately 50,213 visits. Nutritional products were involved in 27,378 visits. These products include vitamins, minerals, and nutritional supplements. Respiratory drugs were involved in 12,579 visits. Pain relievers were involved in 11,318 visits.

Adverse reactions to drugs used to fight infections may run in families.<sup>2,3</sup> Prescribers may wish to review patients' family medical histories, including allergies and adverse reactions to drugs. Doing so may help patients to avoid having harmful or unpleasant reactions to drugs.

This *Data Spotlight* is an update of the 2010 publication "Emergency Department Visits Involving Adverse Reactions to Medications among Children Aged 12 or Younger."<sup>4</sup>

### Emergency department (ED) visits for adverse reactions to medications among children aged 12 or younger, by selected types of drug: 2011



Note: Visits may have involved more than one type of drug. Drugs not shown were involved in less than 4 percent of visits.

1. U.S. Department of Health and Human Services, U.S. Food and Drug Administration. (2011, August 24). *Information for consumers (drugs). Drug research and children*. Retrieved from <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/ucm143565.htm>
2. Robinson, J. L., Hameed, T., & Carr, S. (2002, February 8). Practical aspects of choosing an antibiotic for patients with a reported allergy to an antibiotic. *Clinical Infectious Diseases*, 35, 26-31.
3. Attaway, N. J., Jasin, H. M., & Sullivan, T. J. (2005, January). Familial drug allergy. *Journal of Allergy and Clinical Immunology*, 87(1), 227.
4. Center for Behavioral Health Statistics and Quality. (2010, December 21). *DAWN Short Report: Emergency department visits involving adverse reactions to medications among children aged 12 or younger*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Source: 2011 Drug Abuse Warning Network (DAWN). DAWN was a public health surveillance system that monitored drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States.

