

**Objective:** Pediatric ergot alkaloid exposures, although rare, have the potential to cause serious effects such as peripheral vasospasm and ischemia. Compounds currently on the market include methylergonovine (methergine), methylergometrine, and ergonovine. Current United States poison control center and emergency department (ED) guidelines recommend 24-hour admission for all pediatric ergot alkaloid exposures. The goal of this study was to describe the outcomes from unintentional ergot-containing drug or product exposure in children and to identify the need for hospitalization in these patients.

**Methods:** We performed a retrospective review of cases reported to the California Poison Control System (CPCS) from January 1, 1997 – December 31, 2008. Inclusion criteria were patients aged 0 and under with exposure to an ergot alkaloid-containing product in California.

**Results:** A total of 374 cases were identified and 338 met inclusion criteria (Figure 1). The mean age was 26 months with 99% oral route of exposure (Table 1). The most frequent clinical effect was gastrointestinal distress (76%), followed by lethargy (5%) (Table 2). Two critically ill cases were identified, both with complete recovery: the first was a 2-year-old who presented with vomiting, lethargy, hypoxia and cool extremities after ingesting an unknown quantity of methylergonovine. Within 15 minutes of receiving IV fluids, supplemental oxygen and warm blankets, he improved to baseline. The second case was a neonate with accidental intramuscular injection of 0.2 mg methylergonovine who developed respiratory depression and hypoxia, and quickly improved with supplemental facemask oxygen. Twenty-nine % of all cases had at least one 111 effect (Table 3). For symptomatic patients, all symptoms were present at time of initial presentation. Statistically % of all patients were treated in the hospital setting: the median length of hospital stay was 4 hrs, ranging from 1–36 hrs (Table 1). Ergot exposures had a similar number of serious outcomes to other pediatric poisonings reported to the CPCS during the study period (Odds ratio [OR], 0.99; 95% confidence interval [CI], 0.25–3.95) but were associated with a significantly higher number of hospitalizations (OR 13.8; 95% CI, 11.1–17.1) (Table 4).

**Conclusion:** Pediatric ergot alkaloid exposures were associated with few transient adverse effects but multiple hospitalizations. Current poison control center send-in protocols and ED guidelines should encourage home management and short ED stays as opposed to lengthy critical care bed admissions.